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The Morality of Abortion

William E. May

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of Medical Practice*

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*National Federation of
Catholic Physicians' Guilds*



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The National Federation of Catholic Physicians' Guilds

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The President's Page

Our meeting in Anaheim may have been the best ever. Dr. Bill Lenahan is certainly to be congratulated for the diversity of subject matter and the excellent quality of the speakers.

Our board meeting resulted in several significant changes. The Right to Life movement deserves more active participation by all Catholic physicians. Right to Life booklets and periodicals will be sent to each member of our Federation. Each doctor can read these himself, then make them available to his patients in his office. Each Catholic physician's office should become an educational center for the unborn baby. Certainly we have never had a cause which has so united us.

Each OB-GYN is encouraged to join the ACOG PRO-LIFE OB-GYN group headed by Dr. Matt Bulfin of Lauderdale-by-the-Sea, Florida. Each physician is urged to join the physicians Right to Life Committee headed by Dr. Mildred Jefferson of Boston University.

We encourage more participation on the national level by individual physicians. Each regional director has been asked to name a physician from his region to each of our standing committees.

Dr. Jim Nix of New Orleans is seriously ill. We thank him for over a decade of dedication to the National Federation. His position as Chairman of the Health Care of Religious Committee has been taken by Dr. Clem Cunningham of Rock Island, Ill. Dr. Charles Pfister of Chicago will replace Dr. George Blaha as Chairman of the By-laws Committee. Dr. John Kavanaugh of Kalamazoo will replace me as chairman of the Family Life Committee.

Dr. John Burke of Framingham, Mass., has resigned as Regional Director in New England. He is leaving for the missions. Dr. William Lynch of Brookline, Mass., has been chosen to replace Dr. Burke as regional director. Dr. James Langley, Thornton, Col., is the new director for Region VIII, replacing Dr. James Delaney, new NCFPG Treasurer.

Our organization is going to meet with the Catholic Chaplains in the fall of 1975 in Washington, D.C. Dr. John Cavanagh is in charge of preparations. Address all suggestions to him.

I still believe the name of our organization should be changed to "American Catholic Physicians' Association." I would appreciate discussion of this in local guilds. I do believe this would be a big help politically as we fight secularism in the Right to Life battle. If we are to have one goal this year it is that each Catholic physician gets to know his legislators better — on the local, state, and federal level.

John J. Brennan, M.D., President

From the Editor's Desk

Fresh from the Anaheim meetings in December, we come with renewed enthusiasm to communicating with our readers. Reaffirmed in our beliefs and faith through socializing with Catholic physicians and their families, one sees hope for the present and for the future. The annual meeting of the National Federation of Catholic Physicians' Guilds was well attended by many from the southwest portion of the United States. It also had its celebrities and dignitaries from the hierarchy, Catholic Hospital Association and allied groups. The sessions on the psychological and moral problems of the critically ill were particularly good and hopefully we will be able to provide our readership with these papers in the near future. The perennial problems which Catholic physicians and Catholic hospitals must face with the Hospital Directives in this pluralistic society were aired once more and seem no nearer to a solution. However, the discussions were lucid and authoritative. They helped to delineate the complexities of the problems while giving no concrete solutions. Perhaps this is the only intelligent way in which these problems can be handled for there are no universal rules which can be applied to each and every situation.

It seems clear that the medical-moral committee will play a large role in the daily operation of the hospital and the decision making process. These committees will use an inter-disciplinary approach. The various related medical specialities will join with moral theologians, psychologists and the pastoral medicine teams on a routine basis to discuss problems either prospectively or retrospectively. We will all learn a great deal from this approach.

Lastly, it is reassuring to us that there exists a great deal of harmony with the hierarchy, the Catholic Hospital Association and our medical colleagues. There is a mutual respect and confidence among all which can only be a harbinger of greater progress. It is also reassuring to know that the NCCPG will be strongly represented at the FIAMC meeting in Barcelona in May, 1974 by Drs. Gino Papola and Charles Bauda in the role of President and Delegate respectively.

The *Linacre Quarterly* is looking forward to another good year and hopes to keep its readers abreast of the developments in the field of medical ethics. While controversy exists, there will always be disagreements. That is the nature of the beast. Keep your letters, comments and criticisms coming. In this way, I know we are being read and hopefully shedding some light upon the scene.

John P. Mullooly, M.D.
Editor

Message From The Spiritual Advisor . . .

*to see Him more clearly
to love Him more dearly
to follow Him more nearly
to be . . . Him!*

My Brothers in Christ,

What the world needs now is what it has always needed, and always shall. A need recognized by our Father in the sending of His Son. What the world needs now is Christ . . . Christ . . . Christ!

What the world of medicine needs now is what it has always needed . . . Christ! The more Christ-like you become, the better a doctor you are; and the better a doctor, the more Christ-like you will be. Make Him a member of your "team-approach." His presence must be so manifest, that He is seen, not just coming, but *becoming*. This world must become not only His, it is that already. It must *become Him!* To be His Body!

During the past four years as your Spiritual Moderator, my sole task has been towards this "building of Christ." It is the role of the priest, a priesthood we all share.

If through our ministry you have seen Him more clearly, we have realized not only your reasonable expectations and our fondest hopes, but God's. To be sure, we have found Him closer through your ministry to us. And we thank you!

Father Charles Scherer
Newman Center
Philadelphia, Pa.

The Thomas Linacre Award 1972

The Thomas Linacre Award for 1972 was presented to John Brennan, M.D. for his article "Quicksands of Compromise" which was published in *Linacre Quarterly* in February, 1972. John P. Mullooly, M.D., *Linacre Quarterly* Editor, gave the Linacre Award to Dr. Brennan at the annual meeting of the National Federation of Catholic Physicians' Guilds in Anaheim, California in December, 1973. The recipients of the Linacre Award are chosen by the Presidents of each Guild (90) and the Board of Directors of the NFCPG by mailed ballot. Past recipients of the Award have been articulate, intelligent, literary and well informed physician-leaders who have been able to rise above the smoke and confusion of raging controversy in order to give clear insight into the problems at hand.

In comparing modern day controversies to those of bygone days, the type of leadership has often proved to be decisive in determining the outcome. The United States in the 1860's was a house divided much

as the modern day Catholic physician is divided. In the Civil War, Lincoln was the one leader who was able to rise above the swirling events and pressures to give clear vision and guidance to a divided nation. While not as dramatic, the NFCPG's has given its Linacre Award to its new president, John Brennan, in recognition of his outstanding talents in the field of medical ethics as manifested by his literary ability. Like most leaders, he has the talent, ability and character plus the shrewdness of a skilled tactician who can deal successfully with every man, be he governor, senator, bishop, legislator, physician, lawyer or layman. He has been extremely effective at initiating changes which uphold the Christian code of values in regard to the family. It is this dedicated, charismatic leader who will lead the NFCPG through the year 1974. With him on his journey go the prayers, hopes and heartfelt best wishes of 6,000 members of the Catholic Physicians' Guilds.

J.P.M.



Dr. John J. Brennan (Left) the new president of the NFCPG, received the 1972 Thomas Linacre Award at the NFCPG annual meeting in Anaheim, Cal. Presenting the award is Dr. John P. Mullooly, Editor of the *Linacre Quarterly*.



Dr. John R. Cavanagh, president-elect of the NFCPG



Monsignor Dino Lorenzetti, new moderator of the NFCPG

Catholic Sexual Ethics: The Continuing Debate On Birth Control

by John F. Kippley

Mr. Kippley teaches at the College of Mt. St. Joseph on the Ohio. He specializes in the field of morals in the theology department. His paper asks for a reconsideration of the dissent from Humanae Vitae and also questions the lines of reasoning for the acceptance of contraception.

Introduction:

The Present Situation

The fifth anniversary of the promulgation of *Humanae Vitae* has passed without tremendous fanfare, but the little notice that was taken may be significant. Father Richard McCormick, S.J. called attention to the silence since *Humanae Vitae* on the part of the local magisterium.¹ Suggesting that this silence and the statistics of massive dissent are themselves new theological data, he called for a Blue Ribbon Commission to re-study the matter; his hope was clearly that such a Commission would come up with a revision of *Humanae Vitae* that would state a general preferred practice but leave the door open for contraception where the couple felt a conflict of values. Concerning this silence, Ms. Karen Hurley, a married woman with an advanced degree in theology, recommended that it be halted and that the challenge of *Humanae Vitae* be once again presented.²

If the voice of support for this doctrine of marital non-contraception has been largely unheard, the voice of dissent has certainly filled the vacuum at every level. In most cities and towns it is common knowledge that there are priests who will aid the decision to practice contraception. Perhaps it is less commonly known that many of our high school students are taught to dissent from *Humanae Vitae* and are thus oriented towards contraception practically from the onset of puberty. A college freshman recently told me that when she was in the ninth grade (1969-70), the priest teaching religion in her Catholic high school had effectively taught her class to dissent. Here's what the Pope said, but here's what all the theologians say." Thus, as she put it, all of her friends who were now marrying were going on the Pill without the slightest thought that this was contrary to the official moral teaching of the Church. She declined to name the high school because, as she put it, "It doesn't make much difference. My friends from other Catholic schools got the same message."

Nor is the state of the question limited to contraception. Recurrent surveys indicate that there has been a similar dissent from the Church's official teaching on abortion and non-marital coitus. For example,

McCready and Greeley have reported that among Catholics under 30, 36% saw premarital intercourse as not wrong at all, and 35% saw it as wrong only sometimes.³ A Gallup poll a year later reported that 45% of the Roman Catholics interviewed "categorized pre-marital sex as 'not wrong'". The figures for Protestants was 38%. The 1969 figures were 16% for Catholics and 20% for Protestants.⁴

With regard to abortion, McCready and Greeley reported, among other things, that 74% of the Catholics under 30 would allow abortion if there was a strong chance of a serious birth defect in the baby. That is an interesting parallel with the finding of Bumpass-Westhoff that 75% of Catholics under 30 were using birth control methods disapproved by the Church.⁵ I submit that it is almost unimaginable that a Catholic not using contraception on moral grounds could then approve of killing nascent life. Thus, if our professional sociologists' surveys are valid and reliable, I submit that we have a most visible indication of the real link between contraception and abortion no matter how different these realities are. The above surveys would indicate a correlation of close to 100% between the acceptance of contraception and the acceptance of quality-of-life abortion among the people surveyed.

This, then, is the situation as we head into the second five year period post-*Humanae Vitae*. On the one hand, a challenge has been thrown to our bishops to validate

the dissenting theory and practice; on the other hand the bishops are faced with repeated evidences of crisis and decline within the Church in the decade that has seen a majority of Catholics accept the contraceptive way of life. They can hardly ignore the above mentioned relationships between dissent from the doctrine of marital non-contraception and the dissent in the matters of abortion and overall sexual doctrine.

The situation is considerably changed from that of 1968 in that dissent and the dissenters have been riding high in the saddle in practically every area of Catholic life for the past five years and for much of the past decade. As such, they have established a track record, and, in a day when consequentialism is much in vogue among moralists, this is certainly strong theological data. Thus, whether one considers the relative silence by the magisterium and the majority acceptance of contraception by some as the point of emphasis in calling for a reconsideration of *Humanae Vitae* or whether one thinks that dissent vis-a-vis abortion and overall sexuality necessitates a hard look at the acceptance of dissent and contraception, there are three outstanding facts. The debate about contraception should not be allowed to die, some further authoritative teaching is called for and the relative silence should not continue for another five years.

If it is valid to call for a reconsideration of *Humanae Vitae*, then it is equally valid to call for a reconsideration of the dissent. To

that end, I propose in this article to provide 1) a relatively brief and selective critique of the document of dissent from the *Catholic Hospital Directives* and 2) an analysis of the major lines of reasoning for the acceptance of contraception. In providing such analyses, I realize that I speak from a minority position and that thus a majority of my potential readership has already taken an opposite position. The difficulty is compounded because in this task I am opposing the rationale of those who are rightly called "eminent scholars."⁶

By way of ameliorating this initial handicap, I would ask consideration of two factors. First of all, the document of dissent from the *Hospital Directives* was to be expected. After all, if a large number of theologians have taken a stance against *Humanae Vitae* and then are confronted by *Directives* which put *Humanae Vitae* into practice, it is predictable that a certain number of theologians would issue a statement of dissent from such *Directives*. It is also quite understandable why they should choose to cooperate as a study commission of the Catholic Theological Society of America, for such a platform assures a promulgation of their views to some of the most influential people in theology today.

Secondly, however, the Commission members called attention to the fact that "the obvious theoretical limit to legitimate dissent is the truth itself as expressed in the reasons for the dissent from a particular teaching."⁷ Thus they ask us not to accept their dissent stance

on the basis of faith in the scholarship but rather on the basis of the reasons they put forth. Thus they would be the first to invite a rational dissent from their own position, and this is what I hope to provide.

In the first section of what follows I shall attempt to show that dissent from the *Directives* is not justified on the very grounds that are put forth by the dissenters in the CTSA Commission Report; in the second section I shall attempt to uphold a similar position with regard to the dissent from *Humanae Vitae*.

I. A Selective Critique of the CTSA Commission Report

It is not feasible to offer commentary on the entire CTSA Commission Report (hereafter, the *Report*) which is about 6000 words in length. Thus my comments are limited to 1) three rather general reasons that form a framework for dissent, and 2) the four specific conditions listed as justifying non-compliance with the *Directives*.

A. The ecumenical dimension of Catholic sexual ethics.

Upon the issuance of *Humanae Vitae* it was rather widely stated that the encyclical was definitely a snag in the ecumenical dialogue. This theme has understandably been picked up in the dissent from the *Directives*: no one can deny that refusal by a Catholic hospital to allow certain actions that neither a Protestant patient nor doctor find objectionable may very well lead to negative feelings on their part toward the Catholic church. (On the other hand, they might ad-

mire a stand on principle, particularly in the aftermath of the Watergate principals and principles.) Thus the *Report* noted that "the Decree on Ecumenism affirms the ecclesial reality of other churches and the possibility of learning from the theological and ethical insights developed within other Christian communities." (para. 15)

Within the context of the *Report* and the overall debate, this has the effect of saying two things: 1) perhaps the Protestants are right and the Catholic magisterium is wrong about the sexual matters under debate; 2) at the least, we Catholics shouldn't stand in the way of letting people of good faith use Catholic hospital facilities as they see fit.

The problem with such a stance is that it provides formal approach that provides no firm basis for refusing abortion facilities to such people of good faith. That is, if it is argued that good faith and perhaps a statement of a Christian Church are sufficient criteria on the grounds of ecumenism not to prohibit one type of behavior, then under that formality other types of behavior would also have to be admitted. If on the other hand it is said to the non-Catholic (or dissenting Catholic), "You can't use our facilities for abortion because we believe that it is a morally evil action even if you don't see it that way," we Catholics can once again be accused of having introduced an ecumenical snag and of not really respecting the ethical insights of the various Protestant and Jewish communities that have strongly supported a woman's right to abor-

tion for almost any reason. Considering that most of the larger Protestant church bodies in the United States have issued some sort of statement favoring the women's right for a quality-of-life abortion, there is practically as much of an ecumenical impasse on that issue as there is on that of the formal teaching about contraception. Thus, dissent from the *Directives* on the grounds of ecumenism is not well founded unless the dissenters are prepared to admit abortion and other actions that are now or may be issues of separation.

B. The grounds of emergency care.

"Medical or surgical treatment may be morally permissible in an emergency situation where a delay might involve grave risks, while the same type of treatment may be excluded in elective situations." (para. 58)

I fail to see the value of this statement as a grounds for dissent because the dissent from the *Directives* is principally concerned with matters related to human sexuality and generation. Aside from a last-minute craniotomy, aren't these other matters elective? It may be more convenient to perform a tubal ligation at the time of a caesarian, but it is still elective; thus the *Catholic Hospital Directives* do not deprive a person of any medically necessary care. Rather they protect the patient from the vagaries of what is socially acceptable elective medical practice, not a bad idea considering the history of acceptability among the German medical profession in the 1930's and the now

well known, pro-abortion-via-a-new-ethic editorial in *California Medicine*.⁸

C. Non-infallible because concrete.

In paragraph 63 of the *Report*, potential decision makers are told that they may "licitly act contrary to the concrete (and hence non-infallible) ethical directives" on four conditions. (Emphasis mine.) According to this statement, any ethical directive is non-infallible *simply because it is concrete*. Earlier, (para. 44) the *Report* had stated the urgency of "a general, but clear and firm policy of exclusion of abortion on the part of Catholic health institutions." However, such a policy can be criticized not only as being unecumenical, but such critics could also point out that the Catholic dissenters have themselves stated that any ban on abortion must be non-infallible simply because it is a very concrete directive.

Note well what is happening. Dissent is theoretically based on the fact that *Humanae Vitae* was not promulgated in a *de fide* form; but then the dissenters go further and deny that *any* concrete directive can be infallible. Thus, there can be no universal concrete norms. Therefore, should Pope or Council at some time declare against abortion, or contraception or some other moral matter in a *de fide* form, our dissenters have already set the stage to dissent from *that*. Let us be aware of the full implications of the parenthetical phrasing, and let at least one voice be counted against such a universal prohibition of universal moral norms.

D. The four conditions necessary for non-compliance with the *Directives* (para. 63)

1. "Good conscience after careful reflection." No one is going to argue with the necessity of there being a good conscience on the part of one who would dissent from the teaching of the Church. At the same time, everyone will admit that this is something that only God can judge. Of itself, it offers no help in naming directives for the Catholic hospital. For good conscience is assumed on the part of those who would practice abortion and euthanasia as well as those who would practice surgical sterilization, etc. Considering the appeal of Eichmanns and the Calleys of history to the goodness of their consciences, the fact of "good conscience" provides no assurance that grave evil will not be done.

2. Openmindedness. The second condition for non-compliance with the *Directives* is that the dissenting parties must have paid "respectful and openminded attention to the authoritative teaching of the hierarchy as well as other sources of moral wisdom in the light of the Gospel." The same comments that applied to the condition of good conscience also apply here: only God can judge such open-mindedness; if it is claimed, it cannot be either verified or disapproved. From a practical viewpoint it is of little help in an age of conflicting wisdoms. Should a Catholic hospital really allow or tolerate the practice of infanticide of defective babies by those who in good conscience were persuaded by the wisdom of

Dr. Watson's suggestion of a three day trial observation before a newborn child would be given legal and moral rights as a human being?

3. No undue harm to third parties. The third condition for allowing non-compliance would require that "no undue harm" be done to the "life, well-being or rights of a third party." Here at least the criteria seems to be more tangible, something objective as contrasted with the inherent subjectivism of the previous conditions. However, closer analysis reveals that the terminology of no "undue" harm offers little help in clarifying the grounds for dissent. The question is immediately raised, "Who is to judge whether a certain physical action is 'undue' harm?" What if a member of a hospital psychiatric clinic wanted to practice "therapeutic coitus" with a patient and had his or her spouses consent? And does not the whole abortion debate center around whether it is "undue harm" to the unborn child? Suppose that a Catholic woman and her Jewish doctor want to have an abortion performed and that they have a Protestant theologian's counsel for that abortion? Faced with the CTSA Report's emphasis on religious liberty, the fallibility of all moral directives and dissent, one wonders how a Catholic hospital could long maintain a non-abortion policy. What judge, given the CTSA Report as reliable interpretation of Catholic doctrine, could refrain from issuing a court order compelling the hospital to allow abortions just as they have done with regard to sterilization? And is this not es-

pecially true in the light of the Supreme Court decision that no undue harm can be done to a third person in the first six months because the baby is not defined as a person entitled to legal protection? Part I of the CTSA Commission Report needs to be re-read in the light of the Supreme Court decision on abortion. Eleven and a half of that section's thirteen paragraphs provide a ready made case for anyone who wanted to force Catholic hospitals to be no different from any other hospital. Certainly a proviso against "undue harm" to third parties speaks well for the intentions of the framers of the Report; my problem with it is that it seems to do little at the practical level to carry out that good intention. Rather, the debate that is immediately raised by such terminology helps to establish the necessity of the concreteness of the *Directives*.

4. The avoidance of scandal. The last criteria for dissent is that scandal be avoided. "This last condition means that precautions must be taken to prevent this exception from causing more harm than good..." I submit that with the present state of both informal and formal communications networks, there is no way that interested people are not going to know what is going on in the Catholic hospital. Furthermore there will not be "exceptions" but only "first cases." Allow one contraceptive sterilization, artificial insemination, etc. and on what grounds do you refuse another in these days of court orders?

In an age where good conscience and the wisdoms of our day are

used to justify anything and everything, when there is widespread disagreement about whether killing an unborn child is an "undue harm", the first three conditions offer no significant material barrier to almost any imaginable physical actuation, and, as we have just seen, there is no way in which the fourth condition can be fulfilled. If the question were one of simply avoiding personal culpability while acting contrary to God's order of creation, then the four conditions would be helpful as applied to various actions taking place in hospitals and clinics in no way associated with the Catholic church. However, the legitimate teaching authority of the Church is called upon to teach what is right and wrong, rather than the grounds for non-culpability. Where it is practically possible for this teaching authority to prevent certain objective wrongs from being done, it is obliged to do so. Thus, the bishops are under a moral obligation to direct Catholic hospitals not to allow certain actions to be performed regardless of the subjective state or conscience of those who would perform them. The conditions that the Report offers for non-compliance may serve well to insure moral non-culpability for that action done elsewhere, but they do not provide any sufficient grounds for the Catholic hospital to allow such non-compliance within its jurisdiction.

II. A Limited Critique of the Bases for Dissent

As mentioned previously, the Report was a predictable document

because it is quite reasonable for those who dissent from the doctrine of *Humanae Vitae* to spell out their consequent dissent from the *Directives* which seek to put *Humanae Vitae* into practice in Catholic hospitals. Though I think the dissenters have erred in both cases, it is to their credit that they have explicitly stated "beyond the four conditions mentioned here is an 'obvious theoretical limit to legitimate dissent', namely 'the truth itself as expressed in the reasons for the dissent from particular teaching.'" (para. 6). Not all statements of dissent have admitted this limitation. Thus, even if the four conditions had been sufficient for justifying non-compliance with the *Directives*, such non-compliance would still be illegitimate if the reasons given for dissent from *Humanae Vitae* were seen to be insufficient, inadequate, or lacking in the truth. In this attempt to show the invalidity of the reasons given for dissent, I shall follow somewhat of an historical approach beginning with the Majority Report of the Papal Birth Control Commission and concluding with the present stage of arguments.

A. A Theory of Partial Acts.

The Majority Report took the position that individual acts of coitus within marriage are only partial acts. The contraceptive acts were seen to be justified by reference to the non-contraceptive acts. "This is the case for matrimonial acts which are composed of several fertile and (contraceptively) infertile acts; they constitute one totality because they are referred to

one deliberate choice."⁹

Despite the prestige of its authors, this line of reason has failed to win much support. It has not proved to be intellectually convincing, probably because of the ease with which it can be criticized.

1. If the individual sex act is an incomplete act whose morality is taken from the whole, the *individual* sex act becomes morally insignificant. If that is so, it is difficult to account for the concern that men of all ages — both Christian and non-Christian — have had about the morality of individual acts of sexual intercourse. Again, if the morality of individual sex acts is to be evaluated only in terms of the overall marriage and not in themselves then, of course, nothing serious can be said against individual acts of anal or oral intercourse, or, for that matter, against individual acts of intercourse with other persons if this was done with the marriage partner's consent. The majority position paper attempted to respond to these criticisms raised by the minority position, but it offered no logical and consistent reason for its rejection of oral or anal intercourse. When it stated that "in these acts there is preserved neither the dignity of love nor the dignity of the spouse as human persons created according to the image of God",¹⁰ the position of Fuchs et al was simply not answering the question but rather stating the faith or opinions of its authors. It did not teach us *why* such actions are contrary to the dignity of man; nor did it teach us why these acts *contra dignitatem* were not morally in-

significant and why they should not be seen simply as partial acts whose morality is taken from the overall totality of sexual acts in that marriage. Any theory which seeks to justify marital contraception or sterilization in terms of the totality of the marriage simply has to come to grips with the objection based on these acts of non-vaginal intercourse. If it condemns them as perverse, it has to explain why (and why they are not just "partial"); if it allows them, then in all honesty the proponents of such a theory should make it clear to their readers or followers that their permission of contraception also includes permission of these other forms of intercourse.

2. Secondly, operating within a Catholic context, it becomes necessary to explain how one's theory of permitting contraception accords with the doctrine of Vatican II that "the moral aspect of any procedure (of birth regulation) does not depend solely on sincere intentions or on an evaluation of motives. It must be determined by objective standards. These, based on the nature of the human person and his acts, preserve the full sense of mutual self-giving and human procreation in the context of true love. Such a goal cannot be achieved unless the virtue of conjugal chastity is sincerely practiced."¹¹ The majority paper attempted to reconcile its position with this statement and arrived at a mixture of subjectivism and efficiency which I have analyzed elsewhere.¹² Reviewing my analysis of the majority position, Robert Dailey, S.J. noted

that it "shows the weaknesses in the criteria proposed by the majority report of the papal commission — weaknesses which even the most sympathetic supporters of that opinion have puzzled over."¹³

There have been many references to the Majority Report by those who have favored dissent; however, in almost every instance, these references have been to the Report as to an "authority" rather than to the reasons given. I submit that this is an excellent indication that the dissenters themselves have, in all honesty, failed to be convinced by the reasoning that was supposed to convince the Pope.

B. A Theory of Personal Judgment.

When the Minority Report raised its objection that to admit contraception was to grant liceity to anal and oral intercourse, it was not kindly received. The authors of those objections seemed to be regarded by the vocal Catholic world at the time as being traditionalists out of touch with reality.

No such label can be applied to revisionist¹⁴ theologian Michael Valenti. According to this theory, what makes man in the image and likeness of God is his rationality.¹⁵ Using his reason and not bound by a static concept of nature, he will come to know what is right and wrong.

For Valenti, "sex is personal. Consequently its morality must be subject to the highly personal judgment of the individual...Subject to reason, to an understanding of the consequences of actions, and to a commitment to responsibility;

and performed in harmony with the purposes of human life, any sexual act takes its morality...whether it be a moral evaluation of good or evil — from individual circumstances and individual attitudes."¹⁶

Those conditions could be the subject of an extended debate but fortunately Valenti does not leave us in a cloud of vagueness. The case of bestiality provides an interesting example. The individual who finds sexual release in bestiality has carried the masturbator model into the area of animal affection... Denied such activity, he might never progress beyond wishing for it. Permitted, he might indeed progress beyond it. But, in any case, where is the harm in it? He also notes that it seems unreasonable to make a moral distinction between allowing the use of condom and anal intercourse, coitus interruptus, masturbation, and homosexuality.¹⁸ In addition, "if the use of sexuality outside the married state is to be forbidden, it must be forbidden on grounds apart from the natural law doctrine."¹⁹

Scriptural dicta might seem to offer some real impediments to such a theology. However, Professor Valenti finds no problem. They are "simply the expressions of the author's convictions as to how everyday problems of living must be resolved in accordance with the thrust of the Judaic-Christian ethical message."²⁰ Thus their prohibitions against fornication, adultery, sodomy — in all its senses, and bestiality do not reflect the divine order of creation. Presumably this would also apply to

the teaching of Jesus as well.

The theory of Valenti has received scant attention from his fellow revisionists perhaps because of the truly radical approach he has developed. Such relative silence would seem to suggest that they think he has erred. However, if he is in error, it is on one of two points: either his initial premises are wrong or he has erred in his logic in drawing out his conclusions. In my estimation, he has correctly spelled out his conclusions, and thus the error lies at the heart of the strongest position of dissent: the acceptance of the liceity of contraception.

A third approach has been developed by such men as Peter Chirico, S.S., Charles Robert, Peter Knauer, S.J., and Bruno Schuller, S.J. in the context of moral conflict. Richard McCormick has summarized some key elements of their thought.²¹ While agreeing with their conclusions in favor of rejecting the key doctrine of *Humanae Vitae*²² he is not entirely happy with their reasoning.²³ This approach grants that contraception is a physical evil but asks "when and how does physical evil become moral evil?"²⁴ The answer, "when it occurs without proportionate cause" of course raises the question of proportionality and the problem of "proportionate in whose mind?" The authors are not unaware of the dangers of a total relativism, nor do they confine their approach only to contraception and sterilization; abortion and other forms of killing are also very much a part of the discussion.

Basically, this approach centers on the conflict of values and denies the validity of any universal rules of behavior, e.g., "never engage in marital contraception or contraceptive sterilization", "never directly kill an innocent person." Despite disclaimers,²⁵ it is very difficult to see the difference between this and a situation ethic, one of whose basic rules is "never say never."

In order to try to prevent this approach from becoming a de facto situation ethic or ethic of intentionalism it is stressed that there must be a proportionate or commensurate reason for causing the physical evil. "For Knauer, a reason is commensurate if the manner of the present achievement of a value will not undermine but support the value in the long run and in the whole picture. This is a sound description of proportionality. But who can confidently make such a judgment? An individual? Hardly."²⁶ There is not only a conflict of values involved in this question; there is also a conflict of interest. Under the influences of various factors that incline them towards contraception and unlimited coitus, what individuals or couples can say that their practice of contraception or sterilization is going to do more to further respect for sex, marriage, their own relationship, and life itself, than the practice of periodic continence? McCormick notes that this problem shows the need for a larger perspective, that of "scientific moral theology and the desirability of a magisterium."²⁷

No one can doubt the appeal of

this approach. It avoids the pitfalls of the partial act theory and at first glance it appears to avoid the radical individualism of the personal judgment theory; at least the language is much more couched and there is a recognition of a preferred way or meant-to-be. A further appeal for many Catholic theologians is that this approach allows them to say that *Humanae Vitae* was right in providing a theoretical ideal but its error was in making the ideal into a norm or rule.

Certainly this notion of an ideal but not a universally applicable norm, a value that may or must be ceded in the face of conflict with other values has great appeal for the priest who counsels a couple who find themselves having difficulty in living up to the challenging demand of *Humanae Vitae*. He can give the appearance of being not really opposed to the Pope and *Humanae Vitae*, of being theologically up-to-date as he quotes such people as Crotty and Knauer, and of having sympathy for the couple. Because of the stature of the theologians who have adopted this approach and its inherent pastoral appeal, I think that this approach has probably been used by the majority of priests who have abandoned the position actually taken by *Humanae Vitae*.

However, the value of an idea in moral theology is not its appeal based upon its ability to make counseling more comfortable, and this approach has some very serious difficulties.

1. First of all, it might be worthwhile to note that this approach is

not a valid interpretation of *Humanae Vitae*. Pope Paul presented it as follows:

"Now, some may ask: in the present case, is it not reasonable in many circumstances to have recourse to artificial birth control if, thereby, we secure the harmony and peace of the family, and better conditions for the education of the children already born? To this question it is necessary to reply with clarity, the Church is the first to praise and recommend the intervention of intelligence in a function which so closely associates the rational creature with his Creator; but she affirms that this may be done with respect for the order established by God."²⁸ The Pope then spells out why the use of the infertile period is licit under some circumstances while the use of contraception is not.

2. A second criticism stems directly from the expression of proportionalism stated earlier by Knauer and McCormick: "A reason (for allowing the physical evil of contraception) is commensurate if the manner of the present achievement of a value will not undermine but support the value in the long run and in the whole picture."²⁹

How is one to make such a determination of the overall consequences? Prior to the actual consequences, one can only prognosticate. However, since this sort of theorizing has been with us in Catholic theology for some time, and since it has been with us for a longer time in Protestantism, it is now possible to describe the track record.

What sort of values would the acceptance of contraception be trying to further? I would expect no real debate that two values have been seen as being hopefully fostered by contraception: a) the value of marriage and marital happiness; b) the value of sex. Indirectly, through the reduction of the number of originally unwanted children, the acceptance of contraception might also be seen to enhance mankind's overall respect for human life.

a. While it is easy to find people who will say that their practice of contraception has made their marriage easier, I am not aware of any data that purport to show that the acceptance and practice of contraception have really helped to support the value of marriage and marital happiness "in the long run and in the whole picture." Instead, the indications are just the opposite. Between 1940 and 1967, certainly a time of great increase in the use of contraception, the divorce rates in the United States rose from 165 to 279 per 1000 marriages, an increase of 69%.³⁰ I would not suggest that the use of contraception is the sole cause of the marital unhappiness indicated by such figures, but I am suggesting that if contraception were the great aid to marital happiness and supporter of the real values of marriage, then it is certainly strange that there has been such a parallel rise of marital unhappiness and breakup concurrent with the increased use of contraceptives.

b. Furthermore, experience has shown that the acceptance of con-

traception as a means of supporting the value of sex actually undermines the value of sex in the long run and in the whole picture, at least if coitus is considered to be a marital act. Walter Lippmann pointed this out in 1929 when he noted that the logic of contraception opened the door to every kind of sex outside of marriage, to companionate marriages, etc.³¹ We have already seen Michael Valenti argue for contraception and point out that its logic cannot say no to any imaginable form of voluntary sexual actuation if the persons involved think it will be helpful. The findings of McCready and Greeley cited in the opening section of this article indicate that a significant majority of the under-30 age group has lifted the ban on pre-marital sex for themselves. This is the generation that has been taught to dissent from the official doctrine on contraception. Their attitudes about sex in general support the view that acceptance of contraception in an effort to promote the values of sex has the reverse effect and leads to an overall lowering of sexual values.

c. In a related area, the value of life itself has been cheapened by the practice of contraception. It is especially troubling to see the growth in numbers of Catholics who accept abortion consequent upon the growth in the numbers who accepted contraception.³² All of this should hardly surprise us. St. Thomas pointed out over 700 years ago that action proceeds from virtue and that the moral virtues are inter-connected.³³

Of course, the proponents of dissent via proportionalism can respond that the time element and the context I have described are really not "in the long run and in the whole picture." I have interpreted this reason for dissent to be speaking of a relatively short (in the history of man) time period, especially in today's mass and rapid communications when the consequences of ideas show up much more quickly than in previous eras. If the proponents of dissent are talking in terms of a century, then it seems to me that they are not providing a reason that can be analyzed but are rather asking for an act of faith, and if we are dealing with contrary acts of faith, I am not aware of a Catholic ecclesiology that could seriously hold for the act of faith in the proponents of dissent in the face of the teaching of the magisterium.

I have also evaluated the consequences of the acceptance of contraception from the point of view of the Catholic tradition which sees non-marital sex, divorce and remarriage, and abortion as disvalues.

Within these contexts, I think that the argument for proportionality fails to be intellectually satisfying on the very grounds quoted earlier from Knauer.

3. A third criticism of the approaches of proportionalism is that they tend to treat the sexual act as *only* a physical act and contraception as *only* a physical evil that becomes a moral evil when done without proportionate reason. However, life is not that simple. The marriage act is a sacred act, a

"sacramental" one. It is meant to symbolize the marriage union and to renew the marriage covenant. Because it is the specific *marriage* act, the words of Christ are validly applied, "What God has united, man must not divide" (Mark 10:9). The whole meaning of contraception is to take apart the unitive and procreative aspects of marital coitus that God has mysteriously joined together. (It is something entirely different to respect the order of creation and to make use of the times when the Author of nature has allowed the unitive and procreative aspects to be separated.)

4. A fourth and lesser reason for faulting the argument from proportionality in this case as a ground for dissent either from *Humanae Vitae* or the Hospital Directives is the evaluation that Father McCormick made of this line of reasoning. When he concluded to the need of "a scientific moral theology and the desirability of a magisterium" (emphasis mine) in order to have a larger perspective and to avoid a radical situation ethic, he certainly offered no reason for dissent; far from that, he in effect offered more support for the acceptance of *Humanae Vitae* and its practical conclusions in hospitals, though that was certainly not his intent.

In all three of these approaches there has been the capital omission of what the formally stated doctrine of the magisterium actually is. Neither Pius XI or Paul VI spoke in terms of simply the physical structure of the sexual act.

Note the key statement of *Casti Connubii*: "Any use whatever of marriage, in the exercise of which the act by human effort is deprived of its natural power of procreating life..." and that of *Humanae Vitae*: "...each and every marriage act (quilibet matrimonii usus) must remain open to the transmission of life." That phrasing is significantly different from "every act of sexual intercourse."

Certainly they had reference to nature, but not simply in the physical sense. The formal documents limit the condemnation of contraception as sinful to those acts which are truly marital. Thus the papal teaching seems to be that marital contraception is a sin against the nature of marriage. (Of course, it can be argued that if the question about non-marital relations were really pressed, the Popes might have responded in a similar manner. I limit myself to the de facto stated doctrine.)

Thus the formal papal doctrine teaches us about the conditions for valid *marital* intercourse. It does not treat of sex in a purely physical way but as an expression of the personal and sacred commitment of marriage. Then at the same time and *because* it recognizes that marriage itself is more than just whatever two people want to say it is (but rather has a divinely created objective order), it likewise teaches that the marriage act has an objective order that must be respected. It is for such reasons that I previously noted that the words of Jesus about marriage itself can be applied to the marriage act: "What

God has united, man must not divide." Such considerations are important because much of the pro-contraceptive theologizing seems to have been based on the false premise that the papal doctrine has been a statement about a physical act without regard to circumstances. (For example, see the proportionality arguments as noted above.) However, "marriage" is the great circumstance in all of Catholic sexual doctrine, and this holds true likewise with regard to contraception. Because it is a sacred act and not just a biological or romantic one, the marriage act may not be tampered with and be deprived of the elements that God has joined together.

Another erroneous assumption that underlies much of the theology of contraception is that Natural Family Planning simply does not work. The Majority Report stated that the rhythm method was very much lacking efficiency and that "only sixty per cent of women have a regular cycle." No criteria for "regular" or "rhythm" was given, thus making the statement not only non-scientific but, taken as a whole, inaccurate and misleading. On the other hand, the placement of the use of the post-ovulatory phase basal temperature method among the "most effective" methods of birth regulation by Dr. Christopher Tietze of the Population Council³⁴ leads one to think that the writers of the Majority Report were not as fully informed as they might have been. The truth of the matter is that modern Natural Family Planning provides a very efficient con-

trol of conception for those who are willing to exercise a modicum of self-control, one of the fruits of the Spirit (Galatians 5:23).

Earlier in this article, I expressed my gratitude that the framers of the dissent from the *Hospital Directives* admitted clearly that any dissent was limited by the actual truth of the reasons given for that dissent. I have tried to show that such truth is lacking and that therefore by their own admission such dissent has become illegitimate. These may seem like strong words, but are they any stronger than those used by the dissenters who have said that the Pope has erred and that his doctrine of sex is invalid?

I am much more hopeful that the theologians of dissent will be open to my criticisms in 1974 than they would have been in 1969. For one thing, I grant them good faith, even if some of them were a bit too anxious to be "with it." I know that many of them must be very concerned about the shape of Catholic thinking as reported by the recent surveys. Secondly, I have seen people, for whom it must have been difficult, announce their new acceptance of *Humanae Vitae* after their association with the popular rejection of it back in 1968. One of these was a well known marriage counselor in the Twin Cities; another was a well known priest and theologian who told a large audience that he had been wrong and Paul VI right; within the last two weeks of writing these words, I have read a paper by a religious sister and M.D. who told of her change and concluded that Paul VI

was exercising the prophetic role and receiving the usual reward. I have reason to believe that a significant factor in these conversions was the observation of the consequences of the acceptance of contraception. Three swallows don't make a spring, but these personal cases confirm other reports I have heard that attitudes are changing.³⁵

A fourth reason for my hope that priests, theologians and laymen will be more open to my criticisms of the theology of dissent is the growing awareness that compliance with *Humanae Vitae* does not leave them in a hopeless corner with no way out. Natural Family Planning is getting its second wind and so to speak. We know what kind of breastfeeding provides a long period of natural post-partum amenorrhea and infertility; we know how to become aware of the fertile period through mucus and cervix observations; we know how to correlate these signs with the positive basal temperature indication that fertility has passed. Mr. Lawrence Kane of the Human Life Foundation recently told me of a meeting he had with some priests. When he described the present state of the art of Natural Family Planning, one of the priests spoke up. "We wouldn't have joined the dissent movement back in '68 if we knew then what you've just told us."

III. The Role of Catholic Physicians

In the light of the absence of adequate reasons for continued dissent, it would seem that the role of the Catholic physician can be

stated both negatively and positively. Negatively, they should neither prescribe contraceptives nor perform contraceptive surgery. They should recognize the definitely possible abortifacient character of the oral contraceptives³⁶ and the overwhelming evidence that the I.U.D. is an abortifacient³⁷ and they should so inform their patients. They should take the time to relate the artificial birth control movement to the abortion movement. They might also relate it to the most recent anti-life manifestation reported to us — the Negative Population Growth movement. This organization wants to make sterilization and abortion mandatory and to deny the new born child his legal personhood until he is one year old. It is a dramatic indication of the development of the contraceptive mentality.

In a more positive vein, the Catholic doctor can and should become an expert on Natural Family Planning, breast feeding and its resultant effects in child spacing. The Catholic doctor can and should be the most logical one to encourage natural childbirth.

If the physician does not feel that he has the time to instruct his patient in Natural Family Planning, he can at least refer couples to organizations which will be glad to help. One such group is the Couple to Couple League which my wife and I started with the invaluable assistance of Dr. Ronald Prem, Professor of Obstetrics and Gynecology at the University of Minnesota.³⁸

IV. Conclusion

The theology of dissent has not proven to be intellectually satisfying or convincing and the consequences of contraception are leading former dissenters to accept the traditional doctrine re-affirmed by Paul VI. Such re-thinking has also been stimulated by the overall condition of crisis and decline that has marked Catholic life in the last decade, particularly in the last five years during which the dissenters have been a majority of laity and have also held most of the positions of influence in the American Catholic Church. I submit that such a state of decline would be most difficult to understand if this significant majority were really acting according to the Spirit, but that it is readily understandable if they are in fact acting contrary to the Spirit. Is it not simply a spiritual impossibility to have authentic renewal in the Church if a majority of Catholics are living in "objective" sin and calling it virtue — even if they may escape culpability by reason of ignorance and other factors?

In back of this massive acceptance and practice of contraception has been the premise that this was the only practical way out of a dilemma posed by a combination of sexual urges and the desire for limited family size. Advances in Natural Family Planning have shown that the Author of Nature has provided a way out — one that also develops the same virtues or strengths that are necessary for remaining faithful to the Christian marriage commitment.

The year 1974 has been designated as "population year." It begins the second five year period since *Humanae Vitae*. I have suggested that the simultaneity of dissent and decline during the first five years post-*Humanae Vitae* has not been just coincidental, but that the former has been a significant causal factor in the latter. I submit that the time has come for the theologians and practitioners of dissent to re-direct their considerable energies into support of the sexual tradition of the Church. The next five years can be either a period of restoration and authentic renewal or they can round out what the future will call a decade of decadence.

Catholic physicians can do their patients a great favor by helping them to live within the Church's marital doctrine which allows Natural Family Planning. By doing so they may likewise help to restore health in the Church in our day.

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38. Interested parties may write the Couple to Couple League, P.O. Box 11084, Cincinnati, Ohio, 45211, for further information.

The Silence Since *Humanae Vitae*

Richard F. McCormick, S. J.

Five years ago this month, Pope Paul VI issued his encyclical *Humanae Vitae*. It was the official papal response to a problem that had been hotly debated in the Catholic community for nearly ten years.

The discussion had its origins, of course, much further back than 1968. It must be dated at least from the year 1930, for prior to that time the rejection of artificial contraception on moral grounds was in a state of pacific possession in the Christian community. On Aug. 15, 1930, the Declaration of the Lambeth Conference of Anglican bishops officially endorsed the use of contraception. On December 31 of that same year, Pius XI published his encyclical *Casti Connubii*, an obvious and forceful counterstatement to the Lambeth declaration. Here contraception was condemned as "against nature" and an act "shameful and intrinsically immoral." From that time on, theological developments began to occur, quietly and imperceptibly at first, but openly and clamorously in the 1960's. The history of these developments, thought currents that made *Humanae Vitae* so controversial, need not be detailed here. It can be read in John Noonan's *Contraception*, William Shannon's *The Lively Debate* and Ambrogio Valsecchi's *Controversy*.

What is of importance now, five years after the appearance of Pope

Paul's authoritative intervention, is the response it received. The German bishops, meeting at Regensburg, Aug. 29 and 30, 1968, noted that "no encyclical of the last decades has aroused so much opposition as this one." That is certainly true, and it was bound to be the case regardless of what position the Pope supported, given the enormous personal investments and ecclesial implications of the question. With



As of January 1, 1974, Father Richard McCormick, S.J. holds the Rose F. Kennedy Chair in Christian Ethics at Georgetown University. This professorship will delve heavily into the problems of medical ethics.

Father McCormick is a member of the Linacre editorial advisory board. His article examines the polarization of the Church both on the issue of contraception and function of the magisterium.

the perspective granted by time, I believe it can be said that *Humanae Vitae* produced shock and/or solace, suspension, silence—pretty much in that order. It is silence that best represents the situation in 1973. The matter of contraception provokes a yawn of public boredom, the more especially since we are daily confronted with what seem to most people to be far more urgent issues: the war, morality in government, overpopulation, environmental pollution, abortion, the problems of crime, drugs, aging, race, poverty and so on.

But the enormity of these issues does not adequately explain the almost silent unconcern of large segments of the Catholic community about the central issue of *Humanae Vitae*. A glance at the response of Catholics at several levels (episcopal, priestly, marital, theological) may provide some clue about this unconcern.

Pastoral Statements

First of all, the bishops. Nearly every national hierarchy responded to the encyclical with its own pastoral statement, probably because they were asked to do so by the papal secretary of state, Cardinal Ciognani. These episcopal documents rightly applaud the Holy Father for the integral and inspiring vision of man and marriage that pervades the encyclical. Furthermore, they support both the authority of the Pope and the specific teaching of *Humanae Vitae*. Where the means of birth control are treated, however, a careful reader will detect in some of the hierarchical

statements tonal divergences, a kind of pastoral contextualizing of the papal teaching, that is not without a neutralizing influence. William Shannon's summary is, I believe, accurate: "The statements, in fact, range from a total endorsement of the encyclical that left little or no room for dissent to a positive justification of those who feel it their right and duty to depart from the teaching of the encyclical; in between there is an emphasis on the guiltlessness, the lessened responsibility, or at least on the good will, of those who dissent."

For instance, the Canadian bishops referred to those who "find that, because of particular circumstances, they are involved in what seems to them a clear conflict of duties, e.g., the reconciling of conjugal love and responsible parenthood with the education of children already born, or with the health of the mother. In accord with the accepted principles of moral theology, if these persons have tried sincerely, but without success, to pursue a line of conduct in keeping with the given directives, they may be safely assured that whoever honestly chooses that course which seems right to him does so in good conscience."

The French bishops were even more outspoken on the question of a conflict of duties. They first note that contraception is always a disorder, never a good. But couples are, they assert, not always culpable. They continue: "On this subject, we shall simply recall the constant teaching of morality: when one has an alternative choice of duties and, whatever may be the decision, evil

cannot be avoided, traditional wisdom makes provision for seeking before God which duty, in the circumstances, is the greater. Husband and wife will decide at the end of a common reflection carried on with all the care that the greatness of their conjugal vocation requires."

Where dissent from the encyclical is concerned, the statement of the Scandinavian bishops is typical of several others. They wrote: "Should someone, however, for grave and carefully considered reasons, not feel able to subscribe to the arguments of the encyclical, he is entitled, as has been constantly acknowledged, to entertain other views than those put forward in a noninfallible declaration of the Church. No one should, therefore, on account of such diverging opinions alone, be regarded as an inferior Catholic. Whoever, after conscientious reflection, believes he is justified in not accepting the teaching and not applying it in practice, must be answerable to God for his attitude and his acts."

While none of the episcopal pastorals is anywhere near flat contradiction to the encyclical (the sole possible exception is a statement of the Dutch National Pastoral Council, reputedly authored by Dutch bishops, which declared the argumentation against contraception used in *Humanae Vitae* "not convincing"), the type of complementarity some of the documents provide is notably softer and less insistent than we have been accustomed to where major moral positions are being authoritatively elaborated and communicated.

Response of the Clergy

The response of American priests is detailed in the Andrew Greeley-coordinated study, *American Priests*. Here we learn that 18 percent of American priests view the encyclical as a competent and appropriate use of papal teaching authority, 18 percent saw it as inappropriate though within papal prerogatives, 43 percent rejected its teaching. Before the issuance of the encyclical, 51 percent believed that the faithful are bound to follow the traditional teaching. In 1970 only 40 percent retained this conviction. Prior to *Humanae Vitae*, 38 percent of priests did not regard contraception as a moral problem in their professional procedures (confession, counseling). The percentage has risen to 54 percent after the encyclical. Perhaps the most significant finding concerns priests under 35. Of these, 79 percent approve of contraception in their professional functions. That means that four-fifths of the clergy under 35 view the matter as a moral nonissue.

When we turn to the actual practice of married Catholics, a similar trend emerges. Charles F. Westhoff and Larry Bumpass, in "The Revolution in Birth Control Practices of U. S. Roman Catholics", (*Science*, Jan. 5, 1973), point out that the proportion of Catholic women between the ages of 18 and 39 who use methods of contraception other than rhythm increased from 30 percent in 1955 to 68 percent in 1970. The greatest changes occurred between 1965-1970, the percentage of women deviating from official teaching

rising from 51 percent to 68 percent. In the lower age groups (ages 20-24), the percentage of nonconforming women in 1970 was 78 percent. The authors note that their most significant finding is that the defection has been most pronounced among women who receive Communion at least once a month. Noting that in 1970 two-thirds of all Catholic women used methods disapproved by the Church, that the figure becomes three-fourths for women under 30, Westhoff-Bumpass conclude that "it seems abundantly clear that U.S. Catholics have rejected the 1968 papal encyclical's statement on birth control and that there exists a wide gulf between the behavior of most Catholic women on the one hand, and the position of the more conservative clergy and the official stand of the Church itself on the other."

Theological reflection and writing on the encyclical during the past five years has revealed a very large body of dissent within the Church.

Shortly after the publication of *Humanae Vitae*, Bernard Haring expressed little hope for a revised statement "unless the reaction of the whole Church immediately makes him (the Pope) realize that he has chosen the wrong advisors and that the arguments which these men have recommended as highly suitable for modern thought are simply unacceptable."

Theological Dissent

In the interim, scores of Catholic theologians have presented positions that must be viewed as dissent-

ing positions. The list would include such respected names as Karl Rahner, Alphonse Auer, Edward Schillebeeckx, Joseph Fuchs, Bruno Schuller, Philip Delhaye, Victor Heylen, Louis Janssens, Walter Burghardt, Peter Knauer and Charles Curran, to name but a few. The encyclical declares a contraceptive act to be "intrinsically evil" (§ 14) and always illicit" (§ 16). There are very few theologians to be found who would accept the notion of intrinsic evil used by Pope Paul. For instance, Canon Delhaye argues that the term "intrinsic evil" used in the encyclical is really only a pastoral affirmation whose basic meaning is: avoid contraception as much as possible and use it only to preserve higher values. It is difficult to imagine Pope Paul rejoicing in the face of such qualifications, but it must be said that this is the direction of much contemporary moral theology.

What is to be made of this response on the part of large segments of the Catholic community? One's answer to this question inevitably reveals his own attitudes and perspectives, not only on the matter of contraception, but above all on the nature and function of the magisterium.

There are many who view these "interpretations" and "qualifications" as sneaky, left-handed ways of undermining the clear teaching of the sovereign pontiff. Theologians and others who take such positions, especially publicly, are, it is asserted, arrogating hierarchical teaching authority to themselves and establishing themselves as a competitive magisterium. In other

words, both the dissent and its manner are seen as disobedience and disloyalty.

Others view the dissent as the outcome of responsible personal reflection and thus as the most radical form of religious loyalty. For example, when he signed the dissenting Washington statement, Bernard Haring appealed to loyalty to the Church and especially to the Pope. He stated: "If only our own personal convictions would be at stake, reverence and love toward the Holy Father would be a sufficient motive for me to be silent forever." Since I identify with those who insist that loyalty to the Holy Father and to the Church must be defined in terms larger than acceptance of a single authoritative but noninfallible teaching, what follows will certainly be unacceptable to those who do not share this perspective.

From the response to *Humanae Vitae* over the past five years one thing is clear: the Catholic community is polarized, both on the issue of contraception and, even more importantly, on the nature and function of the Church's magisterium and the appropriate Catholic response to authoritative teaching. For instance, on one hand we have theologians like the Italian Francesco Marchesi, S.J., asserting that in virtue of his primacy "the Pope can decide even by himself, according to his prudent and reflective judgment." On the other hand, Jesuit moralist John J. O'Callaghan of Chicago's Bellarmine School of Theology speaks for many when he writes in *Theology Digest*: "The idea of Pope Paul, alone on the re-

mote heights of teaching authority, agonizing over the (birth control) decision which only he must make, does not appeal to me."

Given this type of polarization, what is to be done? It seems clear that if large segments of the community have been unable to integrate every statement of the encyclical into their moral perspectives, then this dissent, to the extent that it is responsible, must be seen as a source of new evidence. Otherwise personal reflection has been led out of order in the teaching-learning process of the Church. If dissent is to be taken seriously within the community, it cannot be viewed as simply legally tolerable, a kind of paternal eye-shutting to the errors or immaturities of a child. It is neither both an end and a beginning, nor is it the end of a docile, respectful, open, personal attempt to appropriate authentic teaching. It is also and above all the beginning of new evidence, of a new reflection, no less docile, respectful and open. In this light the Church's magisterium is seen much more as an ongoing process within which the response of the community, while not decisive, can certainly be an important element in the discovery of truth.

A Call for Reformulation

It seems to me therefore that what is necessary at this point in history is a new communal reflection on the meaning of and reasons for the dissent the encyclical provoked. If such a reflection is to be open and adequate, it must bring the bishops together with the many competences that could be expected to throw

light on the matter: theologians, married couples, social scientists, physicians. The best way to undertake this reflection is probably through the formation of a blue-ribbon committee to report back to the bishops.

This is not a call for resolution by capitulation. That is not the point. The point is simply that both the experience and literature of the past five years provide grounds for believing that a reformulation of some of the neuralgic points of *Humanae Vitae* could be appropriate.

It is ultimately the bishops who must stimulate and support this reexamination and reformulation and bring it to the attention of the Holy Father. Not only are they officially commissioned teachers, but also, as pastors, they are in a position to be in touch with all elements of the community and to organize the experience and reflection of these various competences. Furthermore, they are in the best position to assess and grapple with the pastoral problems any reformulation would certainly occasion.

The bishops may choose, of course, to do nothing about the situation. But that is to settle for a pastoral problem of another kind, and one with very serious implications. Specifically, it is to play the ostrich on this question and, I fear, to seriously compromise the credibility of the teaching office of the Church in the long run. To the Catholic (and many others, I am sure) the teaching office of the Church is a precious privilege. It aids our escape from the isolation

and limitations of our own reflections. But if we are to continue to enjoy this privilege, we must begin to bear the responsibilities of what is, in the last analysis, a dialogical teaching-learning process in which we all have partial but indispensable contributions to make.

What direction a reformulation should take is no one's to dictate. If it were, a communal reexamination would be out of place. In a press interview following his presentation of *Humanae Vitae*, Msgr. (now Archbishop) Fernando Lambruschini was cited as noting that "the rule (against artificial birth control) is not unreformable. It is up to theologians to debate and expand all moral aspects involved. And if, for instance, some principle should become overwhelmingly accepted in the Church, contraception may even be launched." If *Humanae Vitae* is not beyond reformulation, is not the experience of five years sufficient to suggest a beginning of the process?

Pope Paul VI has shown himself to be a remarkably patient man, a pontiff with deep human compassion and understanding, and with a faith-supported tolerance for the pain involved in structural change, transition and disagreement. In a letter to the Congress of German Catholics, Aug. 30, 1968, he stated: "May the lively debate aroused by our encyclical lead to a better knowledge of God's will."

It is the debate aroused by the encyclical, as William Shannon carefully notes, not the encyclical itself, which is the basis for hope of a better knowledge of God's will. If

the debate is to lead to a better knowledge of God's will, then surely it is necessary to review the issues and arguments periodically to discover what is the current state of the question. My own reading of the experience and literature of the past five years suggests that now is the time to respond as a community to Pope Paul's gentle invitation to dialogue.

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NOTICE:

THE **1974** ANNUAL MEETING
OF THE
NATIONAL FEDERATION OF
CATHOLIC PHYSICIANS' GUILDS
WILL BE HELD
Nov. 30 — Dec. 1, 1974
PORTLAND, OREGON
(IN CONJUNCTION WITH THE
AMA CLINICAL MEETING)
DETAILS WILL FOLLOW

Humanae Vitae Revisited

Vitale H. Paganelli, M.D.

"Human life is sacred, from its very inception it reveals the creating hand of God."

John XXIII, Mater et Magister

I. An Introduction

The fifth anniversary (7/25/73) of Pope Paul VI's controversial encyclical *Humanae Vitae* will be celebrated before these thoughts take final form and are published. It is my hope that this paper will contribute positively to a fuller understanding and acceptance of the teachings therein.

It seems unlikely that any reader, save one whose particular and limited interest is moral theology, will have read the incredibly large mass of literature written regarding this encyclical. It is my impression that in my capacity as a Catholic physician I have covered this literature more extensively than most of my physician colleagues. In fact, at times I am totally nonplussed to find that the most vociferous physician critics of the encyclical have never taken the time to read the document. It has distressed me more however over this five-year period to find that the preponderance of published material either is militantly critical of the teaching con-

tained in the encyclical or at best makes an attempt to dilute its content so as to vitiate effectively its essential teaching, especially at the practical level of family life.

Let it be stated from the outset of this article that I place myself with those who think and believe that the principles and concepts contained in *Humanae Vitae* are true and that furthermore they are entirely worthy to be held by all the faithful as a preeminent ideal not only for human life in general



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but also for family life in particular; further, that the elemental principles and concepts of *Humanae Vitae* constitute a most fundamental level for developing and understanding a sound medical-moral theology which will best preserve the I-Thou relationship between man and God.

II. Preliminary Discussion

This attempt to provide a positive contribution to the discussion, understanding and development of the encyclical is grounded in my admitted predilection for the philosophy (and where applicable, the theology) of Aristotle, Thomas and Maritain. This is true particularly as regards the development of an understanding of the metaphysical concept of being (*esse*)¹ and their understanding of the application of natural law theory to the medical-ethical problems covered by the encyclical.

This paper will try (perhaps too ambitiously) to relate the notions of (1) being (*esse*) as God's primary gift, (2) God's essence described as His existence and (3) the creation of man in God's likeness on the one hand with noncontraceptive marital intercourse on the other.

A. Theology

The basic theological premise of the traditionally oriented Roman Catholic physician is that in some fashion, as yet not clearly or completely elucidated scientifically, God is the author of all life and most specifically of human life which bears a likeness to Him. This has been revealed and therefore is indisputable. (For the purposes of this article I shall defer from any

consideration of evolution, humanization, polygenism vs. monogenism, etc.)

A second theological point which prefaces my considerations of the encyclical is most succinctly stated by Jacques-Marie Potiers and therefore I borrow his language: "God makes a covenant with man, and that this act on God's part is the most important event in history of man and of humanity, and that the existence of human action and man's existence to this covenant becomes the most important reference of all those which endow man's life and existence with their true significance."²

To summarize, God creates every man in His likeness and He has made a covenant with each of those whom He has created.³

Let us consider further the covenant between God and man which is simply that if we acknowledge by our activity that we are His people then we shall participate in the eternity of His Being. There is nothing in man's conceptual horizon either existent or possibly existent which can or could take priority over the meaningfulness of the covenant relationship with God. This covenant relationship stands at the apex of all man's activity.

The covenant which God has made and continuously offers to man, however, is necessarily and absolutely conditioned by the fact that first and foremost (and almost too obviously to be stated) a man must exist, i.e., must have being before that individual man can enter into a covenantal relationship with God. Put negatively, if a man

has never existed, then any form of covenant between man and God is clearly impossible. Thus, since the absolute *a priori* for any relationship with God by man is for a man to have being then it becomes necessary to affirm that God's most important gift to a man is precisely the gift of being as versus non-being.

To summarize again, God is the author of human life and also the author of a covenantal relationship with man. The latter is not possible without the former for each individual man in the order of time. Thus, the most necessary event for a given human person is first to be, to exist, to have being, and then as soon as he exists the covenantal relationship with God into which he is necessarily invited becomes the most important ground of all his subsequent activity.

B. Philosophy

Again, especially for the traditionally oriented Roman Catholic it must be seen that his being (*esse*) is a totally gratuitous and individualized gift. God's first and therefore His foremost gift is to give to the individual man the gift of participating in His essence which is to be (to exist) i.e., the very gift of being. Let us consider the fact that for a particular, a very unique man to have being, to exist, to be, one must confront the problem of contraceptive intercourse. One is inquiring then as to the nature of the being (*esse*) of a given man. Why does this particular man exist? Why do I *specifically* exist rather than any one of the other infinite possible I's who might have been?

What must be sharpened into clearer focus are not only the notions of gift and gratuity in relationship to being and God but also especially gift and gratuity in relationship to *this particular* being. *This I* and God. Without participation in His existence, without having being, all theological consideration of the other gifts which God gratuitously gives to a man as His share of the covenant with man, namely, the Cross (His redemption of man), the Eucharist (His continuing presence to, for and with man) and the Resurrection (His promise of participation in and with God in eternity) become logically unnecessary to a non-being. This is to say quite simply that, important as Christ's redemptive Cross, His Resurrection and His continuing presence in the Eucharist are to a man who is, has been or shall be, they are totally useless to a non-being, to a man who does not exist, has not existed, or shall not exist.

Therefore, and this concept is central and vital to my contribution of a positive development of the encyclical, the fact that the individual man is given *gratuitously* by God the *gift* to be and thereby to participate in His essence which is precisely to be, demands a most profound and exhaustive consideration of the manner in which a man comes into being in the existential order. For it is clear that God has gifted being (*esse*) gratuitously to a particular "I" rather than any of the other infinitely possible I's to whom He might have presented equally gratuitously this unutterably precious gift. It is precisely

here that contraceptive intercourse forecloses the possibility of certain specific I's from coming into being.

Of course there is much to be added regarding the concept of the gratuity (taken in its most beneficent sense) with which a gift is given by God. I am certain that an extensive theological literature exists on the subject and I would like to stress the utter freedom of God in relationship with the subject under discussion.

C. The Practical

It is evident therefore that no matter how short or long a duration, how sordid or splendid, or how miserable or joyous a lifetime may be or has been, the fact that a man has been posited in existence opens to that man the potentiality of eternity in God's presence.

In the practical order of family life the non-contraceptive conjugal act of the parents potentially provides the material matrix for the cooperative infusion of a soul by God. The non-contraceptive conjugal act is a creative deed. Its meaning is not open to indefinite manipulation.

There is bilateral (God and Man) potentiality involved in the single conjugal act left open to conception and therefore it is essential that God and man cooperate in order that a new human person may be brought into being. Without that openness to cooperation on the part of both partners a share in the gift of being, of participation in God's essence, simply cannot occur.

It is of more than academic interest to note that if the natural biological order of the conjugal

act is left open to conception during the so called fertile period the predominant contributor to the development of new human life is God rather than man. Certainly it is true, at least at this state of our scientific knowledge, that a conjugal act which is in every technological sense fecund may result in conception. One must avoid the pit of determinism at this junction, but at the same time one needs to keep before the mind's eye God's creative act external to the soul of the new human person vis a vis man's merely developmental contribution of that which already has being.

God wills to act in each instance of positing a very specific I in being. Man may will to posit a new being in existence as a result of his action but may fail utterly to do so. Both in the logical order and the biological order which God has established (a Catholic theory of evolution might add that God has allowed to become established the meaning and purpose and goal of matter not solely by the implacable laws of thermodynamics, but also by the Incarnation, the gift of Life) it is necessary to place the creative act ex nihilo by God prior in importance (though not prior in time because it is a cooperative act with unequal responsibility) to the developmental conjugal act by man. It is in this aspect precisely that one finds the absolute and infinite gratuitousness on God's part.

As an aside it may be noted that things like cloning, test tube conception and artificial placentas and perhaps even artificial insemination

likewise must recognize the priority of God in the God-man relationship noted above.

That God may withhold His creative power, namely, the gratuitous bestowal of participation in His essence, in His being, is intrinsic to the concept of God's freedom. However, contraceptive intercourse unilaterally abrogates by man the possibility of a participation by God in a generative or potentially generative act. That God wills a freedom on the part of man equal to His own in this matter is foreclosed: Man does not create, but concretes: his meaning is given him in worship and not otherwise. Since, however, it is God's essence which is being shared and further, since existence no matter how utterly desolate, opens the infinite horizon of eternal continuity with and in God, it seems to me far more reasonable to trust the all or nothing gift to the infinite wisdom of God rather than to the finite vision of man. This is neither to forego responsibility on the part of man, a notion I will develop later, nor to deny the continued presence of God's wisdom in His creation.

Thus, by contraceptive intercourse there is eliminated by the couple any possibility of opening to another (potentially new human person) God's most unique and precious gift, namely the gift of existence, the gift of being. There is also eliminated the possibility of God's sharing His gift. It is important to stress that it is man who excludes God by the contraceptive act. Note should be taken that in the conjugal act exercised in the

anovulatory stage, God is in no way rejected as a partner. Conversely in the contraceptive conjugal act, man rejects the opportunity of partnership with God and concentrates instead narrowly on his own satisfaction in an act which, considered entirely in the material order, is seen at its very best as a contribution to his development as a human person.

To digress a moment, it is true of course that technological man has described in the nature of the act of intercourse a significance related to his development of a more profound understanding of himself as a person. This may be a good to be desired within the secular order. Unfortunately, this development of one's self as person has all too frequently been shallowly and exclusively understood to mean that it is only by the fulfillment of sexual drives that one becomes more of a person or understands himself better as a person. To accept this conclusion is, in my opinion, to have largely missed the point of the development of personality from within the Christian concept of personal development. Sexuality and conjugal intercourse may contribute to the development of the person and of a self understanding but it shall do so best when it is seen and understood as a donation of one's self for the good and love of the spouse and not merely for the development of one's own personality structure.

A further corollary of this consideration should and must include the insight that when by mutual agreement the marital couple ac-

cept the concept of a covenantal relationship with God in the fullest sense of that relationship, their offering of themselves to God in a voluntary and mutual self donation raises the meaning of the conjugal act into another order, the highest order to which man may aspire. Their mutual consent, furthermore, to abstain from intercourse rather than to intervene artificially in the cooperative act with God represents an unparalleled opportunity to develop their personalities both in the psychiatric as well as in the spiritual sense, a fact which totally secular psychiatry usually overlooks and/or misunderstands. It is in these considerations of the act of conjugal intercourse that the true and ultimate development of man as a person in covenant with God will take place.

Thus, periodic abstinence may never be viewed in a true Christian understanding of sexuality and love as some sort of a stoic exercise of virtue but rather it must be viewed as man's faith acceptance of his share in the ongoing covenant with God. On the other hand, the contraceptive act of intercourse fails not only to acknowledge God as a partner with an autonomous will of His own but also fails to recognize the potentiality of the gift of self and serves to the development of a new human person. It is of peripheral interest to this discussion, but worthy of note, that this gift of self which the couple makes extends in time so that human parents prolong their love for each other and for God into the adequate care, development and edu-

cation of that new being to whom the possibility of sharing God's eternal being flows from the voluntary and selfless act.

In periodic abstinence of continence neither God nor man violate the covenant of cooperation without the approval of the other life, a participation in God's being in His essence, in His very existence, has been denied to no potential individual by the practice of periodic continence. There need not be any selfishness involved, with the obvious exception of never losing the possibility of being with another. It is necessary to point out again that the Cross, the Resurrection, the Eucharist, have significance only to the man who is and that the most important gift God has given man is the gift of being, of existence which opens up the possibility of a share of eternity via the Cross, Eucharist and Resurrection.

It of course follows as a corollary from this approach that abortion is a terrifyingly abominable act, because, more than having never permitted another (the other) to be, abortion cuts down a being whose gift of existence has already been bestowed before that person has the opportunity of full cooperation with God.

Technological man, late twentieth century man, has been teased by pure science into believing that Nietzsche probably was correct in his nineteenth century prophecy that "God is dead." But twentieth century man still needs something to worship and, having advanced beyond the stage of a golden calf, he has turned scientism inward to

himself. Having concluded that earlier man "created a god in man's image" he now in his desire to be fully self sufficient and autonomous has managed in the late twentieth century to create man in god's image. Thus man does not need God to participate in the decision of whether the indescribably precious gift of being (existence) shall be shared with another. Man will freely make this decision in the delusional grandeur of his own autonomy.

Perhaps another form of maturity, at least theological maturity, will demand that, in spite of our scientific and technological capability and capacity to prevent and destroy human life, we accept fully the responsibility for the meaning and consequence of our human acts as covenantal participants in a partnership with no less a being than God Himself.

It is not at all clear to me that we as humans have been invited by God to be the sole judges in the decision of who shall or who shall not be. God in His concreative role in this partnership cannot be assigned a secondary role in the decision making process. The gift of being, especially when viewed from the point of view of Christian eschatology, is far too precious to be left entirely in the hands of man. This does not avoid man's responsibility (and therefore his mature decision making potential); it simply insists that this responsibility be shared with the author of the gift whose essence it is to be.

Conclusion

I conclude with two points. The

first which I feel a compelling urgency to state is that, in keeping with the continuously developing philosophy of integral humanism initiated by Aristotle, Thomas of Aquinas and Maritain, it appears most reasonable to me that God indicates His will for created man by the effects in the world which He has created and permitted to evolve. Man does not lose his autonomy, as modern philosophy would lead us to conclude, by conforming his will to that of His creator. Quite contrarily, that act of the will by which covenanted man chooses to discover his personal will in that of His Divine creator is the most sublime and perfect autonomous act of which man is capable. Natural Law theory has come under much criticism recently by very respectable thinkers. Their critique unfortunately offers no satisfactory rational substitute which would or could lead man to a knowledge of God's will for him, an act of willing which God must do; otherwise the Master's invitation to pray "thy will be done" makes no sense at all.

The other thought is simply that I am very much aware of the fact that my text is at best in need of further development. If its general direction has any substantial value at all, it would be my hope that better intellects than my own would grasp these intuitions, these threads, and develop them as they properly could and should be developed. If, on the other hand, in the long run they are trivial, then let the critique be candid and con-

structive so that I and others who, like me, labor with the belief that *Humanae Vitae* is a vital document of our time and is true in its essence and fidelity to right and reasonable thought, should be enlightened by constructive criticism.

Addendum: I am in debt to Father Donald Keefe, S.J., of the St. Louis University School of Divinity for some very helpful suggestions. I regret particularly that because of my lack of theological expertise I am unable to thread through this discussion (which is essentially philosophical in nature) Father Keefe's excellent suggestions regarding the theology of creation in Christ. It is to his type of thinking that I alluded above when I expressed a hope that those keener than I would develop whatever there may be of value in this essay.

Thanks also to Fathers Joseph Farraher, S.J., and John Falcone

for their encouragement, and to Dr. Edward Betz and his wife, Johanna, for their solid constructive criticism.

Finally, but certainly not last, I add my heartfelt thanks to my secretary, Theresa Mangona, who has patiently born the labor of this and all other previous essays in addition to her other duties.

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1. For the reader whose interest does not normally include philosophy, being *esse* may be interpreted generally as existence or presence-in-the-world. I shall be employing the term however in the same sense MacIntyre gives it in *A Preface to Metaphysics* (MacIntyre and Ward), 1948.
2. Potier, "Hermeneutic of Sin in the Light of Science, Technology and Ethics," *Concilium*, Vol. 56, pg. 93.
3. Palmer, Paul F., S.J., "Christian Marriage, Contract or Covenant", *Theological Studies*, Dec. 1972, Vol. 33, No. 4. Palmer gives an excellent evaluation of what is meant by the concept of covenant. It is clearly more than an agreement or contract.

Teaching The Safe Period Based On The Mucus Symptom

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John Billings is senior neurologist at St. Vincent's and was created a Knight of St. Gregory by Pope Paul VI.

The Billings describe their program for introducing couples to the use of the mucus symptom as an indication of ovulation and the reaction to the program. A thorough explanation of the mucus symptom and its use in practicing periodic abstinence is also included.

Experience has shown that an overwhelming majority of women, probably nine out of ten, can immediately interpret their own mucus symptom, if it is accurately described to them in language that they understand. The remainder can also be taught to do so, if they can be persuaded to keep a careful daily record of their menstrual cycles, with individual assistance.

Women are superior teachers, and it is not necessary for them to have had medical training. A simple method of keeping the record, using colored adhesive stamps, is useful both to the woman under instruction and the teacher. It is essential that the teaching be kept completely separate from the teaching of other methods of birth control and it is recommended that widespread use of the method be promoted by the provision in each community of a small group of women who are well-informed, who possess the capacity to teach with confidence and who are motivated toward success.

There will always be very large numbers of people, who, when they consider that it is necessary to avoid pregnancy, will use only a natural method. During the past few years, interest in the natural methods has increased, and this has been due in part to simplification of the practical techniques and greater reliability.

The occurrence of a fertile ovulation is always accompanied by the secretion of mucus from the glands of the cervix uteri. It is possible to define days of infertility and possi-

ble fertility according to the symptom pattern which results from the presence of this mucus. In an experience which has extended over approximately 20 years, involving thousands of women in different countries of the world, it has become clear that most women readily identify the mucus on first hearing an accurate description of it, and that the remainder can be taught to do so.

Many people have contributed to the development of our current teaching methods. It is reasonable to suggest therefore, particularly with regard to the detail of the content and presentation of the information, that at least initially the recommendations be closely followed. Success depends ultimately upon the quality of the teaching provided, given genuine motivation on the part of the husband and wife seeking assistance.

It has been essential to listen carefully to the words and phrases women themselves use naturally to describe the physiological events and to test the capacity of other women to understand them. The male teacher is inevitably at a disadvantage, and many doctors, including a number of gynecologists, have only a dim appreciation of what they are trying to describe. The gynecologist is prone to think in terms of what he himself may be able to observe by physical examination at a particular moment. Natural modesty makes it difficult for a woman to discuss the cervical mucus with a man even though he be a doctor. In some cases there is the problem that the woman has

long ago made her own decision as to what the mucus means or has come to ignore it, and may then decide that the teacher is talking about something else or about a symptom which is absent in her case.

As the menopause approaches, a woman may be ovulating infrequently and this may be her reason for denying the presence of any mucus. A number of women experience increased sexual inclination about the time of ovulation and this may have a hormonal basis to some extent; however, there is little doubt that the lubricative mucus which is the reliable indication of the imminence of ovulation is physically stimulating to a variable extent, and may awaken sexual interest; if the woman has concluded that the mucus is the product of sexual thought, she may be extremely reluctant to admit its occurrence, especially to a man.

Male teachers have other problems. For example, they may be skeptical of the ability of women to make "subjective" observations and demand an "objective" column of figures. Leaving aside the possibility of error in producing an accurate temperature record, this attitude is unreasonable in that it would demand objective evidence for any symptom. The experienced physician knows very well how uniformly his patients describe symptoms, making allowance for different levels of education and intelligence, provided he has ears to listen and the wit to understand. Logically pursued the demand for objective evidence would involve denial of the woman's statement that her period

had commenced, if the usual fall of temperature from its post-ovulatory level had not occurred.

Many of our clients had already used the rhythm method or the temperature method, or the two combined, with success, and some of our teachers had experienced substantial success with these methods, especially the temperature method, in their own practice. There is no fundamental contradiction between any of the natural methods, and the detailed observation of the mucus symptom can be engrafted onto the knowledge the teacher and the woman already possess. However, it is now necessary to be very clear in teaching how the methods supply information in different ways and to insist that the indications provided by the mucus should *always* be strictly followed; a poorly-instructed woman will sometimes use the most fertile days in the cycle for intercourse, despite the clear indication of the nearness of ovulation provided by the mucus, because she is still thinking rhythm method and is counting days.

Those teaching the temperature method should be careful to point out circumstances in which the temperature method fails or may be positively misleading; the woman must be encouraged to ignore the temperature record under these circumstances; if there has been excessive emphasis on the need to wait until the temperature rises it may only be possible to relieve her anxiety by persuading her to give up taking the temperature altogether.

Source of Failure — Combination of Methods

The tendency of some teachers to combine the mucus and the temperature into one record and one method is a serious source of failure and may lead to abandonment of all natural methods or of all sexual intercourse in the marriage. The influence of the teacher who is addicted to the thermometer is seen in various ways, for example, in the woman who marks the day of the peak symptom by reference to the temperature record instead of according to her judgment of the appearance of the mucus and more especially the sensation produced by its presence. Sometimes the woman loses confidence in the mucus symptom (instead of losing confidence in the temperature method) when she does not observe the rise of temperature she has been told the mucus will predict. The occurrence of only one anovular cycle may be sufficient to cause doubt and loss of confidence, unless the reliability of the mucus symptom in defining days of infertility has been clearly explained.

Evidence regarding the reliability of the mucus symptom as an indication of fertility has been accumulated in a number of different ways. It was our practice at first to teach the mucus symptom within a composite instruction involving also the rhythm method and the temperature method and other symptoms of ovulation. Many women elected to do nothing more than follow the mucus symptom; they proved that they could avoid pregnancy by "keeping clear of the mucus" and

later achieve pregnancy by an act of intercourse when the characteristic mucus was present. The use of the method spread extensively as the result of women who were using it successfully advising others about it.

Professor J. B. Brown of the Melbourne University Department of Obstetrics and Gynecology then began to assist us by monitoring the ovarian hormones, and there was some general astonishment, which has continued to the present day, at the revelation of the accuracy with which the woman nominated the proximity of ovulation. Careful instruction in the mucus symptom helped a number of women to achieve pregnancy when the marriage had been sterile for a number of years against the wishes of the husband and the wife. A number of women who conceived remarked that it was only in the cycle in which conception occurred that the normal mucus pattern described to her had occurred, after a succession of cycles in which a scanty, flaky mucus was a feature. This association between poor fertility and a poor mucus symptom is a well-known observation. We became a point of reference as attendance at our teaching center progressively increased, and were consulted by people using various natural methods, the rhythm method, the temperature method or methods that can only be described as entirely original.

We actively and publicly encouraged consultation with any couples who seemed to have experienced a failure of any natural method, including our own, and have done

this from our earliest days, when we were using the rhythm method alone. If the woman has kept an adequate record of the mucus symptom and of acts of intercourse in a cycle in which she becomes pregnant, the explanation of the pregnancy is generally obvious to her and to her husband or can be demonstrated to their satisfaction so that they return to the use of the method afterwards with confidence.

The Initial Instruction

The aim of the initial instruction is to remind the woman of the mucus, to explain it and to convince her of its importance. Each woman needs to be informed that every fertile cycle will have an identifiable mucus pattern, and to be given confidence that she will be able to understand it. Every effort should be made to persuade the husband to attend, in order that he demonstrate acceptance of his share of the responsibility. It is important that the husband should be made to feel involved and not just an onlooker, and a discussion of the dependence of the sperm cell upon the mucus for survival, transport and perhaps fertilization helps the husband and wife to think in terms of "our fertility" rather than "my fertility." With the help of simple diagrams, the anatomy and physiology of ovulation and menstruation, conception and implantation, and the role of hormones in the production of ovulation and the symptomatology of the cycle are explained at a level appropriate to the audience.

Individual variations with regard, for example, to the frequency of

ovulation can be quoted and used to explain how nature directs attention to the fertile time of the cycle. Using circular, colored diagrams, we describe the onset of the menstrual period, marking the commencement of the cycle, with mention of the variable number of days of bleeding. Following the cessation of the bleeding there occur days of dryness, and now the opportunity is taken to emphasize that the mucus is better recognized by the sensation produced by its presence than by visual observation. (One of our colleagues, an experienced teacher, Dr. Lydia Sans, has been educating blind women to observe the mucus symptom and to record it and the other events of the menstrual cycle by buttons of different sizes on a string.) On the dry days there is a positive sensation of dryness of the parts external to the vagina. The number of dry days is variable, there being none at all in short cycles.

The commencement of the mucus is first recognized by the disappearance of the sensation of dryness, and its replacement by a wet or sticky sensation. Within a day or so of the disappearance of the dryness the amount of mucus increases, usually to an amount sufficient for it to be observed. Sometimes, at this stage of the cycle, there is a large amount of cloudy, somewhat tacky mucus, which appears to have come away from the cervix like a plug. Women must be warned that it is *not* the amount of the mucus which is important. In other cases the mucus is first seen as sticky, yellow or white flakes of

very small quantity.

As ovulation approaches the mucus becomes thinner, sometimes more copious, and sometimes less copious, and develops a slippery consistency, producing a sensation of wetness which is very easy for the woman to recognize in the course of her ordinary daily activities. At this stage of the cycle the untutored woman may say that she no longer has any mucus at all, and this would mean that she had so far learned to describe only what she could see. Usually *however*, there is now sufficient mucus for her to observe that it has become clearer and elastic so that it will stretch and can be pulled out to a considerable length without breaking. In every respect the mucus now resembles raw egg-white, and this marks the peak of the symptom. The peak symptom occurs very closely after the peak blood level of estrogens, marks the peak of fertility in the cycle and occurs, on the average, immediately before ovulation.

Some women cannot distinguish with certainty between the mucus on two or even more successive days; in this case they are taught that the peak symptom is recorded on the last day of this characteristic mucus, with a return to cloudy, tacky mucus thereafter. The peak of the mucus symptom is accompanied by vulval fullness, swelling and softness, all these phenomena contributing to the increase of sexual interest at this time.

Mid-line lower abdominal and low back pain, bearing-down pains and bleeding may occur in proxim-

ity to ovulation, usually in the days before ovulation, though sometimes afterwards. Pain in either iliac fossa of short duration and sometimes of a stabbing character is more closely related in time to the occurrence of ovulation. It is useful to mention ovulation bleeding as a further warning that the days of bleeding cannot necessarily be regarded as infertile, the woman being reminded that it is ovulation and not menstruation that determines the disposition of fertile and infertile days.

Most women immediately recognize their own pattern from this description and many later express their incredulity that anyone would look for an alternative method of family planning when this method is so simple. The remainder will learn to use the mucus symptom correctly if they can be persuaded to keep a daily record. We have tried various methods of doing this and have found that the colored stamps, first devised in Guatemala and based on our circular diagram, are the best. The women who say that they have no mucus at all, and those who say that they have mucus all the time, come to view with astonishment the pattern they will produce if they are sufficiently in earnest to make the effort of keeping the daily record, and have received competent instruction from a confident teacher. We have monitored the ovarian hormones of many cycles of women who claimed to have no mucus at all, and found that with the daily record they identified the peak symptom accurately, often on their first attempt.

Most women, even young women, have some infertile cycles, and in a number of women infertile cycles are of common occurrence. The observation that the fertile mucus pattern does not occur in every cycle may lead the woman and the teacher to the mistaken conclusion that the ovulation method will be unreliable in her case. It is important to emphasize that every fertile ovulation will be accompanied by the appropriate indications, and that success depends merely on following the rules exactly.

The other advantage of the stamps is the provision of a large amount of information for the teacher to take in at a glance. This enables the teacher of a large group of women quickly to identify those who require additional individual help, or who have unusual patterns to be explained, for example, by lactation, the approaching menopause, etc.

It is essential that in order to learn the method reliably the husband and wife refrain from all sexual contact during the keeping of the daily record of at least one menstrual cycle. The inexperienced woman may have difficulty in distinguishing between the normal mucus and seminal fluid which may escape from the vagina following intercourse. A poor record at the first attempt is often an indication of continuing sexual activity during the cycle.

Follow-up Interview

The error must be avoided of providing too much information at the first instruction. The woman

and her husband are given an appointment to be seen with the daily record of the first cycle after the instruction, and then the points which have not been properly understood are evident and may be clarified. At this interview the timid, anxious woman is recognized, so too is the slap-dash woman, and very often important marital problems emerge, with the opportunity for useful counseling.

The teacher needs to remember details such as reminding the woman that the record is to be made at night, after observation during the day. No special technique is employed when looking for the mucus and in particular the woman is instructed not to explore the vagina nor to use any apparatus. She may, of course, observe the mucus in the ordinary use of toilet paper. She must also be persuaded that she must keep the follow-up appointment even though she may conclude that she has kept the record badly and is anxious to try again lest she be thought stupid.

After the first follow-up interview, many women require no more than an open invitation to return at any time they wish to do so. Many of our clients are young women about to marry, and they are concerned only to know that they can face the possibility of future problems requiring family planning without the fear that their attitude of conscience will create great difficulties. Many couples use the method for a few months and then having become confident elect to have more family. It is always made clear by the teachers that the

decision to abandon the method in order to have another child is one which we welcome, and that the ultimate responsibility rests with the husband and his wife. Our philosophy, and probably the philosophy of teachers of natural methods in general, is that the husband and wife may use the method for as long or as short a time as they choose, and as carefully or as carelessly as they choose. But it is made absolutely clear that, if the avoidance of pregnancy is essential, the instructions must be followed exactly, and it is further emphasized that all sexual contact must be avoided on days of possible fertility. Indulgence in close contact between the sexual organs during the days of possible fertility makes a complete farce of any natural method, as does intercourse with the use of mechanical contraceptives at this time.

In other cases a series of regular interviews extending over several months may be required. The individuals may be over-anxious, or they may be under considerable persuasion to adopt an alternative method. Many of the arguments they will hear are of the "everyone knows" variety, such as "everyone knows that the rhythm method doesn't work." Questions and objections need patience and understanding. The secretions produced by love-making are altogether different from the cervical mucus and the idea that the two may be confused springs from prior misunderstanding of the significance of the mucus. Pathological discharges resulting from vaginal infection are

altogether different, often being offensive and associated with soreness and irritation. Even if it were difficult to eliminate such a discharge quickly by appropriate treatment, the presence of the discharge does not prevent the women recognizing the presence of the physiological symptom by the changes it produces in the discharge.

The instruction will have made it clear that the practical application of the mucus symptom is to avoid all but the dry days before ovulation, and that from the fourth day past the peak symptom the remaining days of the cycle are safe. The explanation of the mucus should have made clear the rule that all sexual contact is to be avoided during the presence of the mucus, until the appropriate time after ovulation, and that this instruction is not simply given to avoid the possibility that intimate embracing may cause the couple "to go too far."

Sometimes a woman is unwilling to learn the method and manufactures difficulties, admitting freely that if she is uncertain of any infertile days her husband will make no request for intercourse, and that this is what she wants. In other cases the woman will not admit, even to herself, that aversion to sex is the origin of her complaint of difficulties in learning the method.

At the individual interview, when the daily record of the cycle is examined, attention is paid particularly to the peak symptom, the woman's decision being verified by the arrival of the menstrual period approximately two weeks later. Next, the number of days in succession

on which mucus is recorded before the peak symptom is examined and if these are very few in number the woman is questioned closely and given further instruction regarding the positive sensation of dryness as the indication that no mucus is present. In practice, the record of dryness proves able to be trusted both as to the accuracy of the woman's observations and the indication of infertility.

In long cycles it will be noted that "patches of mucus" occur three or more days in succession, as well as isolated mucus days. The same basic rule is followed, that only dry days are used before ovulation and all intimate sexual contact is avoided on other days. Until the woman has demonstrated her ability to recognize the peak symptom, she is advised to treat the "patches" of mucus as possibly indicative of ovulation, not resuming sexual contact until the 4th day afterwards, and continuing to use only the dry days.

In short cycles, and particularly if the period is prolonged, the mucus may have begun before the period is finished. With experience a woman can usually discern the presence of the mucus even though some slight menstrual loss is continuing. Until she has had the experience of keeping a daily record for a few cycles, it is wise to count to the fourth day past obvious mucus not separated from the period by dry days in case an ovulatory mucus pattern has been concealed by the period.

These practical details are, to a woman, merely matters of common

sense.

It will be found that a number of couples, because of previous successful experience or previous teaching, and a number of teachers only feel secure if they use the temperature method, or the rhythm method, or temperature and rhythm combined in addition to observation of the mucus symptom. Though not ideal there is no great harm in this, provided that the observation of the mucus symptom is recognized as an independent method, to be recorded separately. The deficiencies of the other methods should be explained and in particular the woman should be warned that she will need to learn to interpret her mucus symptom ahead of the menopause, since at that time it alone will give her security.

It should be made clear in the teaching that if rhythm method calculations and/or temperature records are to be used at all, they are allowed to assist the woman to learn the ovulation method properly, with the explicit intention of discontinuing these less reliable techniques as soon as possible.

Like-to-Like Formula

We have formed the opinion that the "like-to-like" formula should be further developed by instructing groups of women who are willing to undertake the teaching of others within their own localities. Large centers have serious defects, particularly the lack of continuing personal supervision, and fulfill their best function by providing training programs for other teachers and expert consultative services for spe-

cial problems, as well as research. There is the danger in these larger centers of the personnel becoming preoccupied with the prevention of pregnancy, to the neglect of more important marital problems among many of their clients. Sympathy, understanding and love are the essential virtues and talents necessary for successful counseling, and they can be found in abundance among the women of every community.

In Australia advice about the natural methods of family planning is now available in the larger cities and towns. In our own city of Melbourne, there are central and suburban clinics, some of them sponsored by the local suburban councils, with help from the State Health Department. At St. Vincent's Hospital in Melbourne, there has been established a clinic which will be a training center in which the instruction of clients and the training of teachers will be almost entirely conducted by women. This is the organization that we recommend, so that there is in every suburb of every town, and in every village, a group of women who understand the ovulation method, who are able to teach it competently, who are able to impart confidence to the women they are teaching, who are motivated to help women to make a success of the method, and who are friendly and compassionate in their personalities.

This organization of teaching does not by any means exclude the participation of the husbands. Their cooperation is essential and can be confidently anticipated as soon as

the husband understands what is required of him and sees how readily his wife grasps the essentials of the method. It is important for the teacher to avoid a nearsighted obsession about preventing pregnancy and to recognize that where cooperation is lacking between the husband and wife, a more important problem exists, one which will cause continuing unhappiness and perhaps eventually the breakdown of the marriage, unless it is solved.

During the past year we have had the experience of participation, in teaching the ovulation method, in the combined activities of a birth control clinic in one of the general hospitals. The facilities are so arranged that whatever method is chosen by the individual women, all attend together and come into contact with the same ancillary staff. This practical experience has made it clear that the teaching of natural methods must be completely separated from all other contraceptive clinics. For one or two cycles, while learning the natural method, the woman may be in a state of anxiety and lacking in confidence. At that time she is susceptible to persuasion to abandon the method, even when this persuasion comes from uninformed sources.

A number of women who are taught the mucus symptom adequately along with the temperature method will spontaneously give up taking their temperature after a few cycles, and many more will do so with the least encouragement. They find themselves soon able to predict with certainty the rise of temperature that denotes the luteal phase

of a few days beforehand. If a substantial number of the clients of any center where the mucus symptom and the temperature method are being taught together do not themselves suggest that the thermometer is unnecessary, it can be concluded that the teaching of the mucus symptom is inadequate.

The mental attitude of imagining that multiple indications of ovulation provide greater security than the mucus symptom alone communicates the teacher's lack of confidence and encourages the clients to equate the indication which is dependable with those which are not. We have observed a number of pregnancies which occurred because a premature or non-specific rise of temperature was regarded as the marker of ovulation to be trusted and a day was used for intercourse despite a clear warning from the mucus. If an attempt is made to insist on both indications the client remains committed to failure to provide a solution in all those circumstances where the temperature method provides little information or none at all.

It is not very uncommon for those women who ovulate only a few times each year to exhibit a delayed rise of temperature following ovulation, so that the small fraction of the cycle which would have been provided for them by the temperature method is further reduced to perhaps only two or three days.

Our experience has now shown that the ovulation method is applicable in all circumstances, while the practical rules have been verified by the appropriate scientific in-

vestigations.¹ Women of low intelligence, women without education and women living in poverty have all been able to apply the method successfully. It provides for those circumstances where temperature/rhythm is inapplicable, and that is why it should not be tied to any combined method involving use of the thermometer. Thus, it provides information about the pre-ovulatory phase of cycles however long, and is therefore about to be used successfully during breast feeding, through the menopausal years and by those women who ovulate very infrequently.² The method is now being taught in Central America, Tonga, Fiji, the Gilbert and Ellice Islands, India and elsewhere; a report of the success which has followed the introduction of the method into Tonga from July, 1970, is being prepared for publication.³

The dissemination of the correct instruction is an enterprise which will depend for its success on the

acceptance of this task by groups of women in every community. A well-informed doctor can be of great assistance in treating abnormalities, such as pathological vaginal discharges, and by dealing with other problems which seem to be creating difficulties. Ultimately the natural method will triumph, but individual effort will determine whether this occurs sooner, or not until later, with the achievement of much good delayed.

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Progress Report: The Human Life Foundation

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There is a general impression that family planning in today's world without the use of chemical or physical barriers is on its way out or practised only for religious reasons by those of an extraordinary scrupulous nature. However, that is not the case as the efforts of the Human Life Foundation clearly show.

This Foundation came into being in 1968 as American Catholic Bishops responded to Pope Paul VI's appeal to world science for the initiation of research to improve methods of child spacing in keeping with the tenets of *Humanae Vitae*. At that time, the bishops made available an initial grant of \$800,000 in seed money to launch a foundation for research in human reproduction, thereby instituting the Human Life Foundation. Today, the Foundation is a totally tax exempt, independent

corporation governed by a board of laymen and scientists. The purpose of the organization is three-fold: 1. To sponsor, through funding pursuant to contracts entered into with qualified persons, scientific research, experimentation, investigation and analysis pertaining to the following areas:

- a) the generation of human life and reproductive physiology (all the factors which enable scientists to find out what constitutes the beginning of human life),
- b) physiological and psychological ramifications of the human sexual act,
- c) medical implications of human fertility control,
- d) implications of human fertility control in relation to social and economic pressures upon family life,

e) what constitutes abortion, end of human life, euthanasia, biological significance of the term human, transplants.

2. To make available to the public scientific knowledge derived from that research, experimentation, investigation and analysis, and to sponsor or carry out educational programs related to the foregoing areas.

3. To cooperate with other organizations and persons performing research and education in those areas.

Present limitations of time and finances make it imperative that initial studies by the Foundation focus almost exclusively on the several variations of child spacing by means of periodic abstinence. The main trust of this research is to reveal those mechanisms of human reproductive physiology which will make it possible to more accurately predict the onset of ovulation and the fertilization life of the ovum and sperm. Studies will include the development of methods to control or induce ovulation by design. Having selected the prediction and detection of ovulation or the fertile period as primary requisites to the improvement of natural or "rhythm" methods of fertility control, the Foundation has sponsored work in six countries. Early in June, 1973, representatives of 16 nations met with the Foundation in Washington, D.C., to discuss programs which have given an upswing to the scientific use of natural methods over the five years since the publication of *Humanae Vitae*. These programs run under the title "Natural Family Planning."

Reports from the Washington meeting indicate that family planning methods based on natural rhythms could be learned and used effectively in any culture of the world. In fact, cultures that have adopted Natural Family Planning, where the husband and wife must cooperate in observing natural fertility cycles, reported a distinct new status for women. It has been reported to the Foundation that even societies where men and women do not dine together have altered customs of this type after adopting methods requiring cooperation, understanding and mutual education between marriage partners.

A major stumbling block to the spread of up-to-date natural methods in the United States has been lack of trained leaders and the millions of dollars in advertising or publicity designed to convert the nation to artificial methods. Recent news stories documenting medical problems with the pill and the IUD have caused a flood of inquiries to Natural Family Planning centers, including the small number sponsored by the U.S. government.

The Human Life Foundation, aware that less than one-tenth of one percent of the U. S. family planning dollar is being spent on natural methods, has put before the Federal government a plan to improve services, expand centers, train needed personnel and develop a certification program to guarantee that teaching is done only by trained personnel. Most Americans who want Natural Family Planning today cannot get the training because it is not available. While working

to improve the methods, the Foundation will continue to press for expanded teaching of the current methods which science has endorsed as highly effective. Foundation director Lawrence Kane states that even if the Federal government provided unlimited funds for these programs within its present "hundred million dollar plus" contraceptive program, there would be a considerable time lag as new personnel were trained to teach. In most American cities, the demand for Natural Family Planning outstrips the ability to deliver services. Kane

adds that the Foundation will seek public, private and foundation funds to expand services, train personnel, improve program quality and certify teachers.

As new methods in family planning are developed, the Human Life Foundation will make even greater efforts to bring these ideas to the attention of the medical profession and to married couples. The Foundation believes that world science is close enough to new answers to appreciably increase the effectiveness of Natural Family Planning in the near future.

Euthanasia

Peter Riga

Heidegger once said that when we are born, we are old enough to die. He was quite wrong: before we are born, we are now old enough to die.

The question of euthanasia (a Greek euphemism for killing) follows hard on the heels of abortion on demand which has now become a reality in *Roe vs Wade* (1973). It is sufficient at this point to say that the way in which we deal with

The arguments for positive and negative euthanasia, for all practical purposes, are academic because we have already decided the moral issue of human life: moral norm has become the will of man as determinative and not the mystery of man who must be protected and respected if any society is to have any cohesiveness. Secular humanism has won hands down and the only question left to the Christian now is *how* will he react as an individual and as a community.

In this article, Fr. Peter Riga compares the secular humanist versus the Christian view of the worthy life and death with dignity.

It is not without reason that in the area of the protection and preservation of human life, it is the Catholic church who is singled out today for special attack simply because, as we shall see, the Catholic church is the last bastion of human freedom and conscience left in the modern world against the humanist forces of death even when, like the Nixonites, we use a twist of nominalism to cover a very ugly reality: euthanasia.

one or another form of human life reflects our understanding of the broader normative frame work of the sanctity of human life. The abortion decision of 1973 has now become the paradigm of other questions of life issues in our society: how we have handled that issue will directly determine how we will handle the question of euthanasia.

Nor is it less ironic that, like the abortionists on demand, the peddlers of death in this new form, advocate euthanasia in the name of dignity of the human person. With

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abortion, it is other people (doctor & mother) who will decide who will live or die to preserve dignity: the therapeutic abortion or simply, the dignity and freedom of the mother to have control over her own body. The same argument cannot, logically, be denied the euthanasists when it is they now who want to die in dignity and to have control over their own bodies. As a humanist argument, I do not see how one can dispute this "right". There are "caveats" which should be considered, but once a society has sanctioned the abortion clinic, it cannot logically deny the Euthanitarium. It follows, morally, the night the day.

Which gets to another point I shall later make more fully: you cannot trust a society with basic questions of life which does not have a healthy Christian attitude toward death. By definition, the humanist does not have such a view and therefore he is to be always and everywhere distrusted when it comes to the beginning and end of human life. Not because he is a dishonorable person — on the contrary, they are very compassionate, but compassionate with the wrong compassion. They simply do not and cannot see life in the same way as a Christian because they do not see death in the same way as a Christian. This is the very crux of the whole problem of abortion, euthanasia, and all the other life-death issues we are running up against today. As I have said, the question has already been decided in favor of the secular humanist. Death is the ultimate fearsome

enemy — that is, when death is thought about in our society. We must avoid it at all costs — either thinking about it or eliminating it to the degree possible. When we see death as enemy without accepting its theological corollary, resurrection, then not only is death a defeat, but life is pragmatic and utilitarian with no other ultimate sanction or response except man. Man has become the ultimate arbiter of good and evil, (or its counterpart, the state) of who lives and who dies, what or who is worthy of life and who is not, who is wanted and who is not. There is no escaping this moral logic of the humanist: since by definition, he has no other moral repository than evolved man in history. The Christian can not begin to see what he is up against on the life issues so alive today. When the ultimate moral sanction is man and not inviolate man made in the image and likeness of God, then comes the truth of the previous statement: we cannot trust those with questions of life who view death as the ultimate and complete tragedy of man. It is no wonder that the humanist must either declare unconditional war on death (his technology, his transplants, his heart lung machines even to the point of absurdity) or unconditional surrender (when the end is clear, then self death, euthanasia). All this, of course, is done in the name of compassion since they don't know what else to do in the face of the inevitable reality of death. It is like the compassion of Eichman who said during his trial in Jerusalem that he wept at the sight of

babies going to their deaths. Wasn't it a shame that they were Jews? Or the German doctors who reasoned when Hitler cut off welfare for certain categories of the deformed and the aged, that it would be more compassionate to put them to death than to throw them into the streets to starve. They were the "unwanted" of Germany, circa 1933-1944. It was the doctors, more than Hitler, who thought up this form of compassion and solution to social problems.

The Christian, as we shall see, views death neither as the ultimate enemy nor the reality to be avoided at all costs. Life is precious because it is God's gift and must be preserved; when it is evident that this gift is being recalled by God in dying and death, there is no despair because both suffering and death have been sanctified and redeemed by the Son of God. Death is the doorway to the fullness of eternal life and not man's ultimate tragedy; and that is why we have *Good Friday* and why St. Francis could call death, sister death. But all of this is a religious vision of faith and only by faith in the merciful and loving God who has spoken and acted in human history. In the eyes of God, there is no such thing as life not worthy to be lived, of the aged, of the deformed, of the humanly unwanted — that is Christian blasphemy. Those who share this faith must see things and people as God sees them. Any other way, is to not have faith in God, hard as that often times truly is. So when you get really down to the nitty-gritty: those who advocate abortion on demand

and euthanasia simply do not believe in God, at least the God of Jesus. It is as simple as that since no amount of "rational" argument is going to change anyone's mind. The mystery of God is exactly like the mystery of man: we understand and attain both only in an act of faith, trust and commitment. Reason has nothing to do with it since it is the "reasonable" people who abort, kill and "euthanize." There will never be any agreement here between the Christian and the humanist who lack their insight and faith about the sanctity of human life.

Human Dignity

The second irony here is the false compassion — from a Christian point of view — arising from the death with dignity philosophy. The whole concept is rather nebulous since what is human dignity? Does it mean a large injection of morphine as opposed to the messy work left by a shotgun slug to the head? The dignity of the person is relationship to God and in that is what his destiny is all about. What the euthanasists mean, simply is that physical pain, suffering and lingering dying is useless, meaningless and cruel. So we end it simply, peacefully.

I need not add that such a view is not particularly Christian. We are confronted, once again, with a radically different interpretation of death and therefore of life. The death of Jesus on a cross was not particularly dignified; as a matter of fact, it was ignominious in the eyes of his fellow country men who had (and have) extreme difficulty

in accepting a crucified carpenter's son as God's Messiah. The rational Greeks were no less disturbed at this terrible sight. Rational men do not end up on a cross. Their response was one of gross laughter. Even Moses died peacefully, at an ideal age of 120, with, as Deuteronomy reminds us, his mind intact and his sexual potency unabated. Even the good Buddhist is scandalized at the undignified way in which Christ died: nailed to a cross and verticle. Gautama the Buddha died peacefully in sleep, on his side, with other deities flying about. So Jesus is rather undignified along with the rather unwashed and unmotley crew which is the human race: particularly the poor, the ugly, the retarded, the hopelessly insane, the terminally ill, the prisoners — all those whom the bible calls *anawim*, the most defenseless and helpless of the human race, the undignified ones. Jesus dies like one of them, humanly helpless and exposed to coarse insult and cruel death — and thereby gives meaning to all human suffering and death by God's response to the abandon of Jesus to God, the resurrection. There is no unwanted life; there is no life unworthy to be lived; there is no suffering and death which is useless or meaningless. Those who say differently do not believe in the undignified God of Jesus Christ.

This much has to be said and said clearly, because otherwise we will not see where we are going. And we must see the end because only there can we tell what the beginning is all about. It isn't logical or rea-

sonable but it is Christian. We know what life is all about because we know what death is all about. As E. Minkowski, the existential psychologist has put it:

"Thus death, in putting an end to life, completely circumscribes it, along the way. It transforms the order and texture of the events of life in life. It is not in being born but in dying that one becomes a whole, a man. When it is a question of staking out a road, tickets are set, one after another, until the last. Here it is only the last one that counts; and when it is put in place, all the others rise up from the earth as if enchanted and stake out the whole road that has been traveled".¹

It is, ironically, death which gives ultimate meaning to life and if death has only a negative meaning, then life itself cannot be well described, thought about or acted upon. Death has become too horrible to even contemplate in our society which worships the youth of the Pepsi generation, so we cover it in pornographic fashion. We cannot really talk about it (nor, a fortiori, do we know how to react to terminally ill people) because it is so horrendous; but at the same time, our society is fascinated by death as witness the obsession with violent movies and entertainment (football, *The Godfather*, *Clockwork Orange*). Even the semi-popular magazine *Psychology Today* had almost twice as many returns on its questionnaire on death than the one on sex. Death is the new pornography since death is the ultimate and last experience. Once again, death is redemptive only in the light of Jesus, and his victory over death in and by his resurrec-

tion. If that is true, then everything before death makes sense; if not, then the consequences are the ones we are coming to live with in an ever more humanist and unbelieving society. That is why we have a new social ethic evolving from this radically new view of the human person as not grounded on God but on social necessity.

For instance, the California Medical Association in an editorial in its official bulletin, openly admitted that the fetus is a human being but that today people have stopped calling it a human being because they are still caught up in the old ethic. This old ethic stated that innocent people should not be killed. But everyone knows that the fetus is a human being since it can be nothing else. So we must invent a new ethic to fit our radically new view of human life, not founded on some superior principle (i.e. God). Thus, this new ethic says that it is permissible to kill innocent human beings in certain circumstances, such as when demanded by grave "social necessity" of one form or another. People are acting more and more according to the new ethics but are not as yet entirely at home with it so that they still speak in terms of the old ethic, i.e., the fetus is not a person. By a twist of nominalism, we change the reality by giving it a new name. The war in Vietnam was not the only perversion of language.

Meaning of Death

What I am trying to say here is that there is a change in ethics today because there has been a change in our perception of the value of

human life and *in whom* or *in what* (if anything or anyone) such a value ultimately is founded. What significance, in other words, do deaths and suffering have in human existence? If none, then euthanasia is a logical conclusion and no amount of rational argument will ever change that.

As one example among many and to show the extent to which this form of reasoning has infected even Christian thinkers, take the article by D. Maguire, "*The Freedom to Die*".² What are we to ethically think about a conscious and terminally ill patient whose life systems are functioning naturally and normally? Maguire's answer: "direct action to bring on death in the situation described here may be moral". Maguire contends that the absolutist stand against self killing has not been proved, nor can it be.

I think Maguire is right. Self killing cannot be "proved" wrong since the answer to human life is an intuition or an act of faith as to its ultimate meaning. This is never subject to any rigorous logical or metaphysical proof, as we have mentioned above. That is why it is so important to understand what the meaning of death is and then argue backwards.

There are however, two *practical* caveats which even the secular humanist might consider before he moves ahead too swiftly on these life-death questions.

The first *caveat* has to do with the assurance of the freedom of the particular individual who wishes to be put to death. Can it really be

assured, such as by the conditions laid down by the Euthanasia Society of America in New York? Thus the terminally ill patient would petition the court: the court would appoint a commission to determine the freedom and situation of the patient; if there is a favorable report by the commission and the patient is still willing, then the patient's request is granted. As M. Longwood has put it:

"How does one know whether a patient is only temporarily depressed and might change his mind about wanting to die in a day, a week, a month? What if the physician made a mistake in diagnosing the hopelessness of the case? If euthanasia were to be permitted, what effect would it have on the doctor — patient relationship? Who would make the decision as to when euthanasia should be administered? The patient? The patient's family? The doctor? If one decides that the patient should make the decision, are patients in fact capable during such severe crises of "consenting" to their own death? If the family is involved in the decision, would this encourage them to 'weigh' heavily consideration of costly hospital care or children's education sacrificed against the sufferer's life?... Or would a society that allows euthanasia begin to measure all life according to some qualitative standard or utilitarian calculus, cheapening life and preparing the way for the easy disposition of all those who fall below the minimal standard or because of age or illness are no longer useful or are otherwise a burden upon society?"³

The Domino Theory

Which brings us to the second *caveat* even the secular humanist must consider, namely that when we begin to sacrifice or make exceptions in life/death questions for certain classes of people (v.g. terminally ill, mentally defective, "useless" and

sick, aged, abortions), do we not start a whole series of events whereby one practically leads to the other? Better known as the domino theory? This is not simply a theoretic reflection but a very real case that happened in modern history. The "Law for the Prevention of Hereditarily Diseased Posterity" of 1933 and 1939 resulted in the death of many hundreds of thousands. It started from small beginnings, namely, a basic philosophical premise: there are certain lives not worth while living and men can determine which they are. It started with the severely and chronically ill. Gradually the sphere of those included were the socially unproductive and finally the racially unwanted. It is well to remember that Nazi Germany started this whole reasoning process with its attitude toward the non-rehabitable sick and deformed.

The moral theory of falling dominoes has, then, at least some support in recent history. From the example of Nazi Germany we should be able to understand the outlines of a simple moral and philosophical question: when we begin to classify human life in any way as being worthy of life or death, of freedom or slavery, of civil life or not — then we strike at the very heart of that which gives this society — and any society for that matter — its unity and cohesion. Whenever human life is not defended from its inception to its natural death with all of the human stages in between, we have no philosophical or moral basis with which to withstand the winds of popular sentiment or "social necessity" which come and go

as the wind in the trees. As with any dyke, the finger leak has within itself all the potency and promise of the flood which no juridical mouthings can finally withstand.

This last emphasis deserves further development since recent human history has born witness to this moral corruption of classifying human life in the sterilization laws of Nazi Germany. *Wade* and the Nazi sterilization laws are similar. Certainly, the extent of the latter was much more vast than the former, but the philosophical and moral underpinning was and is exactly the same: somewhere, somehow, men — seven or a majority makes little difference as to result — have the right to classify human life and to dispose of it accordingly. One cannot escape the logical outcome of such a view of human life: if you attack innocent human life at any point from its conception to its natural demise, then there is absolutely no moral or philosophical reason why it cannot be attacked all along the developmental curve, (always, of course, for "grave social reasons"), for instance as in Nazi Germany for the purity of the race when it was threatened by the plague called the Jews or, as in the words of the American sociologist, Montague, we can eliminate some people when such life has not developed "socially". No one has yet refuted this tendency toward expanded death and one would think that this alone would give even the most evangelical abortionist reason to pause and reflect on consequences of actions implicit in the actions themselves.

The "Worthy" Life

If man, any man, can, on his own authority, destroy innocent human life at its inception, there is absolutely no moral or philosophical reason why he cannot do so for other categories of defenseless people when this is required by "grave social necessity". The practices and acceptance of euthanasia and genetic experimentation in Nazi Germany started from very small beginnings: man has power of life and death over innocent human life. The Nazi sterilization laws also started with abortion on demand. Some lives are more important or more worthy than other lives.

It is therefore up to a society to decide at the very beginning — before the acclimation to death becomes accepted and prevalent, that is, while our collective as well as individual conscience is still sensitive — whether it wants to begin comparatively weighing human lives, counting some for less value than others because of their state or condition or lack of "social worthiness" or their "wantedness or unwantedness" as will most certainly be the case, next, with physically and mentally retarded children. We have already begun to see some evidence of this as in the case, in 1972, of a doctor in Baltimore, Maryland, refusing ordinary transfusions to a mongoloid baby.

The progression from solving the problem of "unwanted pregnancies" to euthanasia to solve the problem of "unwanted parents or grandparents" comes very easily after the initial premise is accepted of destroying some innocent lives

at the beginning. A society can get used to almost any level of "body counts" poured in day after interminable day during the ten-year Vietnam War. With one condition: just as long as they do not see exactly what they are doing (abortion) or that it is done "with dignity" (an injection).

That one may not consider the previous statements exaggerated, it is already a fact that there is widespread agreement among many doctors and ethicists in this field — not to say the general population — that the abortion of defective fetuses is a legitimate therapeutic tool. Even conservatives accept that aspect of social engineering with little or no compunction. (v.g., after the positive results of a test known as amniocentesis.) Yet, precisely in these tragic cases is the point: it is because of a mere accident of nature (a physical and/or mental defect) for which, in the minds of many, a particular class of people will live or die. Concede that one, even the tragic one, and the philosophical — moral argument is over. The technocratic, engineering view of man and society are then normative: human tragedy and its possibility is eliminated. The price is rather high; our mercy and compassion. It is true that it takes some time to go from "therapeutic abortions" to the full logic of Nazi Germany, but the introduction of legal killing in any society, like cancer, never gets better, only worse.

These two *caveats*, namely, the possible abuse resulting from the introduction of legalized euthanasia

as well as the theory of moral dominoes (or what magicians used to call *lex lata in praesumptione periculi communis*) are only prudential indicators. They cannot be used as "firm proof" because as Maguire rightly observes, such proof in practical morality does not exist. The question such as what is a human person? What level of self consciousness is necessary, if any, to be classified as human? Are idiots, morons, the hopelessly insane, mongoloids, human? Not, what is — in the legal sense — protectable humanity under law and in a constitutional sense. There is simply no rigorous proof here, only an act of faith in life and in the Creator of all life who saved man after creation and called him "exceedingly good". As far as I know, scripturally speaking, no exceptions were made then as the Church makes none now.

The Gospel Mandate

No one is here arguing that pain is good and that means proven to be useless for this person from a medical point of view need to be continued or employed. The distinction between actively killing and "allowing to die" is a useful guide in practical matters as all moral theologians know. People have a right to die after they have done what they reasonably can do to preserve and protect their lives. Within this context, there will be room, even among Christians, for legitimate disputes in determining these distinctions, between "ordinary" and "extraordinary" means used to prolong life; between a death administered agent and "pull-

ing the plug", etc. But all of these distinctions and arguments become sterile unless we first respond to the question of the meaning of death and of suffering. In the crunch, it is precisely the response to this question which will determine the radically divergent attitude of the Christian and of the secular humanist toward euthanasia, understood as a willfully given death dealing agent to a willing or incapable human being.

It was Bonhoeffer who was so adamantly opposed to euthanasia both from a practical point of view (he saw first hand the logic of Nazi Germany's eugenic laws) and from a theological point of view because to kill oneself is the sin of the lack of faith in God. Precisely. The radical argument against self death is fiduciary, from a grasp of human experience aided by God's grace to see how life really is and to whom it is ultimately related. If there is no God, no ultimate ground to life and therefore morality, then it must be the utilitarian and the pragmatic which ultimately gives value to human life and existence. That is a dangerous road because then man or Caesar, has become God. As Pius XII put it:

"The apostle with good reason admonishes us" "much more those that seem to be the more feeble members of the body, are more necessary, and such as we think to be the less honorable members of the body, about these we put more abundant honor". Conscious of the obligations of our high office, we deem it necessary to reiterate this grave statement today, when to our profound grief we see the bodily-deformed, the insane and those suffering from hereditary disease at times deprived of their lives, as though

they were a useless burden to society. And this procedure is hailed by some as a new discovery of human progress, and as something that is altogether justified by the common good. Yet what sane man does not recognize that this not only violates the natural and divine law written in the heart of every man, but flies in the face of every sensitivity of civilized humanity? The blood of these victims, all the dearer to our Redeemer because deserving of greater pity, 'cries to God from the earth'".⁴

It is the gospel awareness that comes from the very heart of our faith which says that the "very least" of Christ's brothers are the very dearest to him and as we treat them, we treat Christ himself. It is the logic of the gospel which goes to the humanly absurd lengths of saying that every life is worthy, every life is precious, that suffering and death are meaningful in the passion and death of Jesus, that we are one with him in life and in death and in the resurrection. It is the absurd logic of Jesus to love and treat those whom the world has rejected, and relegated to the mentality and tender mercies of the euthanasias. The Catholic church is truly the last bastion of freedom and conscience in the sea of death which is the modern world. And that is also why we need today, more than ever before, the presence and witness of Catholic hospitals as oases in the midst of a society which more and more is becoming the society of death. It is there where we can preserve the specific Christian ethic of life which has become humanly absurd. The logic of the gospel is radically pro life as it seeks to preserve the life of the poorest and most defenseless of

humanity, the *anawim*: the unborn, the insane, the hereditary retarded, the terminally ill. The mandate of the gospel is the very mission of the church. Between Christians and those with a euthanasia mentality, there can only be perpetual and unmitigated opposition and protest.

Conclusion

The distinction between "actively killing" and "letting die" is at first glance, practical. No one can fail to note the difference between permitting nature to take its course in removing the heart-lung machine from a hopelessly (from a medical point of view) ill patient, especially when this is the wish of the patient or when he is in an irreversible comatose state, the next of kin or even the doctor himself. It makes no human sense to keep the body alive while the brain (the center of human self consciousness) has irreversibly run its course. People have the right to die when the presence of overwhelming medical *indicia* are such that further efforts will only prolong pain or simply keep alive a living corpse.

There are, of course, grave difficulties involved in determining when exactly this condition has been reached. Moreover, the word "exactly" is not in the medical dictionary and we shall have to make an act of faith in the humanity, conscience and good sense of the medical corps. It is a trust which ought to be given until such time as it is clearly shown that such trust was misplaced. Most doctors — we can be thankful for this — are loath to admit defeat

and seem to go, perhaps, to the opposite extreme in prolonging life in its biological sense. Here medical ethics shall have to follow closely the new developments of medical science itself.

The patient himself, especially if he is in a terminal stage, need not submit to procedures which are painful and/or experimental in nature (v.g., heart transplant, experimental drugs, radical surgery which will only prolong the agony, etc.). He has a right to die when (1) normal medical procedures have been tried and found wanting even here there is some difficulty since what is "extraordinary" today may rapidly become "normal" tomorrow. For Christians, the approach of death is neither a tragedy nor a terror to be escaped at all costs or so horrible as not to be faced in truth.

The difficulty arises in what is called "positive euthanasia" where the patient himself actively takes or receives a lethal agent for the express purpose of bringing about death.

This case must, first of all, be clearly distinguished from that of others making that decision for him either because he is considered to be unworthy of life or because of the various forms of false compassion which we have described above. Certainly, the putting to death of the retarded, the hopelessly insane, the aged — or any other person on the authority of man is a gross crime against God and man. Nothing can justify this from a moral point of view. This tendency must be resisted *absolute-*

ly by every Christian.

The case of the terminally ill patient in great pain who wishes to die by his own will is a case which cannot be solved by law or by others. It is a question, once again, of the meaning of human suffering and death — the very mystery of the human person which no one can decide except the person himself. No Christian will actively aid another to die or to kill himself because this would be to participate in an act of despair; it would be a form of false compassion. But in the final analysis, judgment here must rest with the patient himself. If a terminal patient elects self-death, then in the logic

of the abortive society, this "right" over his own destiny and body cannot legally be denied him. The determinant here is the act of faith (or lack of it) in the meaning of human existence arguing back from the meaning of death itself. There is no other way out of this perplexing dilemma.

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The Morality of Abortion

William E. May

My purpose is to explain, as clearly and as cogently as possible, why I, both as a philosopher and as a man, believe that the directly intended destruction of human fetuses is an act that human beings ought not to do if they are to act intelligently and responsibly and if they are to become the kind of beings that they are called to be.

Abortion, understood as the deliberate and direct destruction of human fetuses, has been and is condemned by the official magisterium of the Catholic Church.¹ As John T. Noonan, Jr., has pointed out in an important essay on abortion, "the teaching of a religious body may invoke revelation, claim authority, employ symbolism, which make the moral doctrine it teaches

binding for believers in the religion but of academic concern to those outside its boundaries." Or it may, he continued, "embody insights, protect perceptions, exemplify values, which concern humanity."² My belief is that the teaching of the Church on abortion is of the latter variety. The question of abortion is *not* a "religious" issue in any narrow sense. It is a question that touches deeply the meaning of human existence. If abortion is a wrongful human act, it is so not because it is declared to be so by a religious authority but because of what it means as a human deed. Consequently, before examining the important questions of the status of fetal life and the conditions under which the killing of one human being by another or others is morally permissible — for these, as we shall see, are the critical questions in evaluating the morality of abortion — I want to sketch briefly a general framework for evaluating human acts.

To be a human being is to be an animal; but it is, as Rene Dubos has so eloquently put it, to be so

human an animal. It is to be an animal *with a difference*. The difference can be expressed in various ways, but one major and critically important way of putting this difference is to say that man, and man alone of all animals, is a *moral* being. That man, and man alone, is a moral being is illustrated in common speech. It is meaningful, for instance, to speak about making human life human. Yet to speak in this way is paradoxical. We would find it odd, indeed absurd, were some one to speak of making equine life equine. A horse, after all, is a horse. Yet it is not absurd or meaningless to speak about making human life human. Since it does make sense to speak in this way, it follows that man is indeed a unique kind of animal, and it also follows that the word *human* must be used in two quite distinct ways when we talk about making human life human. The second use of the term implies that a human being is not totally "human" when he comes into existence. One who uses the term *human* in this second sense does not, by any means, deny that all men are equally human beings simply from the fact that they are all identifiably men, i.e., members of the same biological species. Yet he is affirming that "being human" is not something factually given but is rather a process, a growth. To use the term in this second sense is to imply that there is something or some set of things (what we can call the "human good" or the *bonum humanum*) "perfective" of a human being just because he

is a human being and that human beings are summoned, individually and as members of the human family, to struggle to achieve these goods that are perfective of them. In addition, to distinguish between meanings of the term *human* is to affirm that not everything that men do and can do is really human. It is to distinguish between *is* and *ought*, between what men actually are and do and what men ought to be and ought to do.³

In common with many moralists in what can be termed the natural law tradition, I conceive the human good to be a totality composed of individual goods each of which corresponds to some basic human need, so that we can truthfully say that each is a good *of* man, not *for* man, that each is a good to be *prized*, not *priced*. Among such real goods may be included life itself, health, justice, friendship, peace, truth. These goods, constitutive of the *bonum humanum*, define aspects of our personal being. They are common insofar as they are not *my* goods or *your* goods but rather human personal goods capable of being communicated to and shared by every human being.⁴ Because they are real goods corresponding to real needs existing in every human being just because he is human, they generate real rights: each human being has a right to them, a claim on them, precisely because he is a human being and because they are the realities that make a human being more human.⁵

Each of these goods constitutive of the *bonum humanum* is a real

Dr. May is a professor of religion at the Catholic University of America. In this discussion of what it is to be human, Dr. May calls for a "truly human ethic" which must be concerned with alleviating the terrible human problems for which abortion is proposed.

human good, but none of these goods is the absolute good in the sense of the *summum bonum*: none is the be-all and end-all of human existence to which others must be subordinated. Man's supreme or absolute good, at least from the perspective of moral philosophy, consists in his goodness precisely as a human being, that is, as the moral being capable of distinguishing between *is* and *ought* and of acting responsibly in accord with his judgments of what he ought to do if he is to become more fully human. Man makes his moral being in and through his deeds, because it is in and through them that he both discloses his moral identity to himself and others and achieves this moral identity. In and through his deeds he reveals his attitudes toward the goods constitutive of the *bonum humanum*, whether he respects them for what they are, real goods intended for and perfective of all human beings just because they are human beings, or whether he pursues them for himself and his friends alone, ready to destroy them in others, irrationally erecting one into an absolute to which he is ready to sacrifice all others and for which he is ready to repudiate all others.

As a moral being, moreover, man is the animal who is not only capable of distinguishing between *is* and *ought* and of acting responsibly in the light of his judgments of what he ought and ought not to do, but he is also the animal of moral worth or value. Because he is this kind of being, he surpasses or transcends the world about him.

Each of us, is, as an *individual*, a part of a larger whole, of the society of which we are members; but each of us is, as an individual *human* or *moral* being, related to this society not simply as a part to a whole but as a whole in a whole. By this I mean that every human being, because he is a moral entity and a being of moral worth, has moral rights that are his because of what he is. It is for this reason that we abhor totalitarianism, which would subordinate individual human beings to the good of the state (i.e., of those in power) and crush their rights in order to achieve goals worthwhile in themselves. Because men are moral beings the common good of human societies must flow back to and be sharable by all the members of those societies.⁶

In acting to pursue the real goods constitutive of the *bonum humanum*, each of us, as a moral being, is obliged to respect these goods for what they are, that is, goods meriting our love because they are the goods that are indeed perfective of ourselves and of other human beings. Although we may, at times, because of the situations in which we are placed, be compelled to do something that results in the destruction of one of these goods either in ourselves or in others, this does not mean that we can repudiate or deny their goodness or the value of the human beings in whom they are destroyed. For instance, we may be called upon to forego our health in order to care for the sick; in doing this we do not repudiate health as a

human good. We willingly, although reluctantly, allow our health to be destroyed while we are engaged in activities that *of themselves* are directly aimed at serving some other human good (e.g., justice or friendship). We may, in order to protect a person being viciously assaulted, deliver a mortal blow to his assailant. In doing this we do not necessarily repudiate or reject the life of the assailant as a human good, but rather willingly perform a deed, of itself directed to saving his victim and properly described as an act of defense, that we foresee will have as one of its consequences the death of the assailant. To make the destruction of one of these goods, however, the precise point of our deed, even if this deed is itself ordered to serving some other human good, is to act immorally. It is to declare ourselves ready to accept, as part of our moral identity, the identity of a destroyer of some basic human good. We shall return later to this point, for it requires fuller exposition, but for the present the basic thrust of the position I am developing should be clear.

We are now ready to reflect on the important questions of the status of fetal life and the conditions under which the killing of one human being by another is morally permissible — for these, as indicated earlier, are the crucial questions in the discussion of the morality of abortion. The status of fetal life (and I use this term in an inclusive manner to refer to the unborn organism from conception until birth⁷) is central to the

abortion debate, a fact recognized by the Supreme Court in its decisions of *Roe v. Wade* and *Doe v. Bolton*. The Court, it may be noted, expressly declared that it has no intent to resolve the difficult question of when life begins. Yet it may likewise be noted that the Court did, in fact, pronounce judgment on this difficult question, inasmuch as it found that the fetus is not, prior to viability, a being to be protected and that the fetus, even after viability, is only the "potentiality of human life."⁸ Obviously if the fetus is only "the potentiality of human life" or "potential life" it is *not* itself life. If a being is only potentially something, then it is not now that something which it *can* become. My oldest boy is a potential father, but he is not now a father, nor could he be a *potential* father if, in fact, he actually were a father. Thus one must conclude that the Supreme Court did, in fact, resolve the question of when life begins: it begins with birth.⁹

There are many different attitudes toward the status of fetal life. They range from the view, expressed by Philip Wylie, that the fetus is "protoplasmic rubbish" or a "gobbet of meat,"¹⁰ through the views that it is simply "gametic materials" (Joseph Fletcher),¹¹ a "blueprint" (Garrett Hardin),¹² a "part of the mother" (Havelock Ellis),¹³ to the views that it is alive and human although not the subject of protectable rights (Daniel Callahan, Michael Tooley),¹⁴ that it is indeed an individual human being and the subject of protectable

rights (Germain Grisez, John Noonan, et al).¹⁵ I submit that the views regarding the fetus as non-human are indefensible in view of *reality* or *truth* making factors disclosed by contemporary medical research. Calling a fetus "protoplasmic rubbish," "gametic materials," a "blueprint," or a "part of the mother" is to engage in rhetoric and to evade the issues raised by abortion. The fetus, and we are here concerned with the human fetus, is obviously an entity that is living, that is individuated at least with respect to its parents if not (prior to segmentation) with respect to any possible twins it might have, and that is human. There is an identity *in being* between the zygote, the fetus, the neonate, the child, the adolescent, the adult, the senior citizen. The central issue in the abortion debate, as Paul Ramsey so forcefully notes, is not when human life begins but "when does equally protectable life begin?"¹⁶ My life, as yours, began "as a minute informational speck, drawn at random from many other minute informational specks /my/ parents possessed out of the common human gene pool. This took place at the moment of impregnation."¹⁷ But was I then — and were *you* then — a being possessed of rights that ought to be acknowledged by other men?

If, in order to be a being possessing moral rights, it is necessary to pass the criteria set forth by situationalist Joseph Fletcher in his list of "indicators of humanhood" (an I.Q. of at least 20 and probably 40, self-awareness, self-control, a

sense of time, the capability to relate to others, etc.)¹⁸ or the criterion stipulated by Michael Tooley in a recent article arguing the legitimacy of infanticide as well as a notion that one possess "the concept of a self as a continuing subject of experiences and other mental states" and believe "that it is itself such a continuing entity,"¹⁹ it is obvious that neither I nor you or any other human being was the subject of moral rights during the fetal stage of our development. But on these criteria we possess no rights for a considerable period after birth either, and according to these criteria we might rightfully deny moral rights to many individuals readily numbered among the human race. Commemorative of the thought of Fletcher, Tooley, and those who would agree with them is the belief that "membership in a species is of no moral significance."²⁰ This belief is warranted *only* if one is capable of showing that man's significance as a *moral* being (for this is one crucial way in which man differs from other animals) is ultimately explicable fully and adequately in terms of a difference in the degree of development in man (or some men) over the development that has taken place in other animals and is *not* rooted in man's being a different *kind* of animal from all other animals. My position is that our belief that a human being is a moral being and thus the subject of moral rights is based on the belief that human beings differ radically in kind from other animals: men are moral beings and beings

of moral worth not because of something that they achieve or do but because of what they are. My point may be made clearer, perhaps, by citing a passage from Mortimer Adler. According to Adler, if men differ from other animals only in degree, that is, by doing something that animals do not do but do not do only because they have not reached the stage of development that men have attained, then

those who now oppose injurious discrimination on the moral ground that all human beings, being equal in their humanity, should be treated equally in all those respects that concern their common humanity, would have no solid basis in fact to support their normative principle. A social and political ideal that has operated with revolutionary force in human history could be validly dismissed as a hollow illusion... We can now imagine a future state of affairs in which a new global division of mankind replaces all the old parochial divisions based upon race, nationality, or ethnic group... a division that separates the human elite at the top of the scale from the human scum at the bottom, a division based on accurate scientific measurement of human ability and achievement and one, therefore, that is factually incontrovertible.²¹

Put another way, I think that the major area of disagreement between those who defend abortion and those who oppose abortion over the status of fetal life comes down to the question: Is humanity, in the sense of being an entity that is the subject of rights, an endowment or an achievement? Those who accept abortion accept, with Ashley Montagu,²² Joseph Fletcher,²³ Gerald Leach,²⁴ and Michael Tooley,²⁵ among others, the assumption that humanity or being

human in a significant moral sense is an achievement. To be a human being for whom society should be concerned, one must *do* something or actually be capable of doing something that will enhance or promote human welfare (e.g., be capable of actually entering into meaningful human relations). There are some kinds of tests, variously described by various authors, that one must pass before he is entitled to be called a human being in a meaningful sense. For those, on the contrary, who oppose an ethic of abortion, being human is primarily a gift, an endowment that one has not because he has already done something worthwhile or is actually capable of doing something worthwhile but simply because he is and is present — even if hidden in the womb — to his fellow men. On this view the words of Ralph Potter — if not those of Jeremiah who wrote, "Before I formed thee in the belly I knew thee; and before thou camest forth out of the womb I sanctified thee and I ordained thee" (1:4) — carry weight: "the fetus symbolizes you and me and our tenous hold upon a future here at the mercy of our fellow men."²⁶

What of the morally permissible taking of the life of one human being by another? This, I believe in company with Paul Ramsey and Germain Grisez,²⁷ is *the* issue at stake in the abortion controversy. One way of answering this question is adopted by those who endorse a situational, consequentialistic, or utilitarian approach to solving moral dilemmas. The ethical position they defend can be called an

ethics of intended consequences or an *ethics of intent*. Those who espouse this approach (and it includes a number of influential Catholic moralists today²⁸), are primarily interested in what our deeds as human beings *do*, that is, in their results. They urge that one can rightfully will and do evil for the sake of a higher good or what some, like Van der Poel, call "its impact on the well-being of the individual and the human society."²⁹ This way of evaluating human deeds can make the claim of being a compassionate ethic, one concerned to help suffering human beings, to provide support to women who become pregnant when they really do not want to and when the birth of a child will cause serious hardships and threaten the attainment of real human goods.

Yet it must be pointed out that this way of justifying the deadly deed is a consequentialistic ethics or an ethics of intent as opposed to what can be called an *ethics of intent + content*. The ethics of intent justifies the deliberate destruction of fetal life because of the beneficial consequences that will result from this destruction. It justifies this act precisely because, in the judgment of its defenders, it will bring about a net balance of good over evil; it will contribute to the building up of community and will lead to the well-being of the pregnant woman and to society at large by preventing the birth of a child who is not wanted for some reason or other. This type of ethics, it should be clear, is an ethics primarily concerned with ends, not

means; it is an ethics that sees the significance of human acts in what they *do* and not in what they *say*.

An ethics of intent + content, on the other hand, is concerned with means as well as ends. It is interested in the results of our acts, to be sure, but in addition to being interested in what our acts *do*, it is immensely interested in what they *say*, in what they disclose or reveal about us as human beings and about the meaning of human existence.³⁰ In this ethics consequences are important in evaluating moral situations, but in this ethics they are reality- or truth-making factors *other than consequences* that simply must be taken into account. The activity in question is one of these factors, and it is one precisely because it is a *human* activity and is thus a revelation or disclosure of what it means to be human.

If we now look at the activity that we call abortion we realize that for an ethics of intent + content it is necessary to take into account not only the real goods that can be realized if an abortion is performed but also the character of abortion itself as an expression of human identity. And direct abortion as a human activity inescapably, inevitably requires as *one* of its purposes, as one of the elements unavoidably and necessarily within the scope of the agent's intentions, the death of the fetus, the destruction, within the fetus, of the life that it has. This death is an ineluctable part both of the intent and the content of the act. It is so in *direct* abortion because the death of the fetus is itself the

means to attaining the desired results and is the terminus or end of the action itself; that is, the death of the fetus is what an older, Scholastic terminology called the *finis operis* (end of the act) in contradistinction to the *finis operantis* (end of the agent) or subjective motives of the agent. Or it is what a contemporary writer, Paul Ramsey, calls the "primary thrust" of the activity itself.³¹ In direct abortion, and this is the kind of activity involved when abortion is undertaken to prevent the birth of babies unwanted either because of fetal defects, socioeconomic factors, or other reasons, the purpose of the activity (its "primary thrust" or direction, the *finis operis*, the "intention" of the action that cannot, truthfully, be nonintended by the agent) is necessarily directed to the death of the human fetus.

What are instances when an abortive act, that is, an act resulting in the death of the fetus, can be described as act of *indirect* abortion? The principle of double effect was developed by moralists who wanted both to be truthful to reality and to provide a philosophically intelligent justification of doing deeds that inevitably and unavoidably caused injury or evil as well as good. They recognized that frequently in life we are put in situations when no matter what we do some evil is going to result. Their purpose was not, as Callahan suggests in his book³² (so devastatingly and justly criticized by Paul Ramsey in a recent essay³³), to devise a clever way for insuring "clean" consciences, but was rather, as Ramsey

observes,³⁴ a desire to explicate the requirements for judging the objective conditions under which actions can rightfully be done. An accurate statement of the principle involves four points, and these have well been stated by Germain Grisez as follows:

One may perform an act having two effects, one good and the other bad, if four conditions are fulfilled simultaneously.

1. The act must not be wrong in itself, even apart from consideration of the bad effects...
2. The agent's intention must be right...
3. The evil effect must not be the means to the good effect...
4. There must be a proportionately grave reason for doing such an act...³⁵

Controversy over the principle has focused primarily on the third requirement in this list, and it can surely be admitted that the principle, as developed and employed in Roman Catholic manuals of moral theology and medical ethics in the past, frequently gave rise to disputatious "quibbling" and that the principle, as interpreted, at times unnecessarily restricted the evil that one could rightfully do in the pursuit of good. Classic examples center on cases when the life of the mother-to-be is in danger and an abortive act could save her. One such case is that cited by Jonathan Bennett (in an article arguing for abortion) and involves the situation of a woman who will surely die unless an operation is performed in which the head of her unborn child is crushed or dissected, where if the act is not undertaken the child may be safely delivered alive by postmortem Caesarian section.³⁶

Most Roman Catholic moralists of the past, seeking to apply the principle of double effect to situations of this kind, held that it was wrong to abort the child in this way because this would be to violate the third condition of the principle of double effect and would constitute doing evil in order that good might result.

Although this type of situation (and others can be and have been brought forward of similar character) raises serious difficulties for those who believe that the principle of double effect embodies a significant effort to be faithful to reality-making factors in determining objectively what men may rightfully do, the response required is *not* to abandon the principle, and even more importantly, the critical distinction between the directly voluntary and the indirectly voluntary upon which it is based, but rather to think more deeply about what the directly voluntary and indirectly voluntary *mean*. I believe that a proper moral analysis of the type of situation described above will lead one to the conclusion that in instances of this nature the activity in question does not constitute "direct" killing; it is not a matter of the "directly voluntary" destruction of fetal life but rather an "indirectly voluntary" deed so far as the death of the fetus is concerned. Here Germain Grisez and Paul Ramsey, despite real differences between them,³⁷ help us to understand the moral realities at stake. Although Ramsey, in one essay (even as revised),³⁸ believes that some of the acts resulting in

the death of the fetus in situations of this kind can properly be called "direct abortion," he agrees ultimately with Grisez that "an killing of man by man must be indirect."³⁹ His point is that in acts that do kill the fetus but are undertaken *only* because the abortion in question is necessary to save the life of the mother-to-be (a condition that satisfies the fourth requirement of the principle of double effect), "the intention of the action, and in this sense its direction, is not upon the death of the fetus." He continues by saying:

The intention of the action is directed toward the *incapacitation* of the fetus from doing what it is doing to the life of the mother, and is not directed toward the death of the fetus as such, even in the killing of it. The child, of course, is only doing what comes natural, i.e., growing and attempting to be born. But he is, objectively and materially, aggressing upon the life of the mother, her life, which alone can be saved, can be saved only if this is stopped; and to incapacitate the fetus from doing this can be done only ... by a direct (?) act of killing nascent life. Still, in this situation, it is correct to say that the intention of the action is not the killing, not the death of the fetus, but the incapacitation of it from carrying out the material aggression that it is effecting upon the life of the mother.⁴⁰

In sum, in instances when an act that results in the death of the fetus and is foreseen to issue in this consequence, the abortion is "indirectly voluntary" and not directly so if, and *only* if, the agent does not want the fetus to die (his motive or the *finis operantis*) and the thrust of the action — its "intention" or direction or what used to be called

the *finis operis* — is itself targeted, not upon the life of the fetus, but upon countering the injurious effect that the fetus, simply by its presence, is causing its mother. The case here is parallel to the taking of the life of one human being by another in an act properly describable as an act of self-defense or as the defense of another.⁴¹ The justification of the deadly deed is not based upon consequentialistic factors exclusively, as it is in an ethics of intent. The good consequences do enter in as providing a "proportionate reason" for undertaking the activity in question, but they do not of themselves sufficiently ground the rightness of the deed. In order for the act to be justified as one in which human beings may rightfully engage, it is also necessary that the *activity itself*, considered from the perspective of its content or meaningful intelligibility, be truthfully describable as primarily an act of what Aquinas called a "measured force" directed against the life that is being imperiled. The act of abortion, in such instances when the death of the fetus is "indirectly voluntary" and is only *one* aspect of an act that in its totality can be said properly to be directed toward saving the life of the mother-to-be, is justifiable. But it is critically significant to the meaning of human existence as a moral existence, to show that it is justifiable not because of factors extrinsic to the activity itself (e.g. the good that will come about as a result of the deed) but because of the inherent intelligibility of the deed itself as

an expression of man's moral being, because of factors intelligently discernible within the activity itself.

In concluding this paper, in which I hope that I have articulated the reasons why I believe it wrong directly to destroy fetal life and under what conditions this destruction may rightfully be permitted to happen as a result of one's activities, I want to affirm my conviction that a truly human ethics must be just as concerned with alleviating the terrible human problems for which abortion is proposed as is the consequentialist ethics that defends abortion — only more so. Too frequently those who decry abortion as inhuman ignore the agonizing personal and social suffering for which it is intended as a remedy. Abortion is *not* the right way to meet these real human needs, but neither is the refusal to see them and to do something about them.

This material has been adapted for Linacre from Dr. May's original article on abortion which will be included in the book "Abortion, Pro, Con and Maybe" edited by Robert Perkins. The book will be published this spring by Schenkman Publishers, Boston, Mass.

REFERENCES

1. This teaching is reflected in many official documents of the recent past. Three may be consulted as illustrative: (1) Pius XII, address of October 29, 1951, in *Acta Apostolicae Sedis*, 43: 838-839, 1951; (2) *Pastoral Constitution on the Church in the Modern World*, in Abbott, Walter (ed.), *The Documents of Vatican II*, New York, Guild Press, 1966, pp. 226-227; and (3) Paul